A Course of Lectures
ON
DISEASES OF THE BREAST.

Delivered at the Hospital for Women, Soho,

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LECTURE I.

THE COMMON DISEASES OF THE BREAST.

GENTLEMEN,—The breast being one of the organs in close relation with the procreative organs of the female, its diseases come properly under the cognisance of the medical officers of a charity devoted to the diseases of women; I need not, therefore, make any apology for having selected these affections as the subject of this course of lectures. Although, for convenience sake, and by the general consent of the profession, the more severe forms of breast disease requiring local operative interference are allotted to the surgeon, yet the simpler though not less important affections more frequently come under the notice of the accoucheur, being often connected with some disturbance of the function of lactation. It must, however, occur to everyone, whatever his department of practice, to be consulted occasionally with respect to conditions of the breast which have excited notice, and perhaps alarm, in the patient's mind; and it is most important that an early decision should be arrived at as to the nature of the affection in all cases, since the treatment, to be of avail, must be adopted before any great amount of structural alteration has taken place. Undoubtedly, pain in the breast is often but a symptom of uterine or ovarian irritation, and its relief can only be effected by attention to those organs; but I do not propose to enter into these questions, which have been already discussed by my colleagues, and shall confine my attention during the present course to those structural changes in the mamma itself which may be strictly classed under the term "diseases of the breast."

Omitting any lengthened allusion to those anomalies of development of the breast, as regards position of the organ itself, the development of an unusual number of nipples, &c., which are rather matters of curiosity than of practical importance, I will pass on to a condition of *atrophy* of the breast which is a frequent cause of serious trouble to both patient and practitioner. I do not mean atrophy of the breast itself, for this is of rare occurrence, except that senile atrophy which is commonly witnessed with advancing years, but atrophy or want of development of the nipple, which is a not infrequent cause of inflammation, and consequent abscess, when the organ is called upon to fulfil its functions in nourishing a child. It has been laid down that this inversion or want of prominence of the nipple is the result of pressure from a tight corset or dress, but I do not believe this to be the case; I look upon it rather as a congenital malformation, and I venture to call your attention especially to it because I believe that but little notice is directed to it until often too late, whereas with care it may be remedied. Everyone is acquainted with the enlargement of the breast and development of the areola which take place in pregnancy, but it is not always remembered that the nipple is an erectile organ, and that its base is surrounded with a considerable quantity of involuntary muscular fibre which, when properly developed, gives the healthy prominence to the nipples. If friction with oil, or any simple liniment, were systematically applied by primiparæ to their nipples during the later months of pregnancy, the vascularity of the nipple itself would be excited, the development of muscular fibre, and consequent projection of the nipple, would be stimulated, and the patient would be saved much worry from fruitless efforts to draw the nipple out after child-bearing; and would, consequently, be much less liable to suffer from sore nipples and all their painful consequences.

That friction will, if prolonged, induce hypertrophy, not merely of the nipple, but of the breast itself, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ. This simple *hypertrophy* of the breast—the existence of which has been denied by some authorities—is an undoubted fact, and seems to occur in young unmarried persons without obvious cause. Mr. Erichsen has recorded a case of the kind in a girl of fifteen, in whom the breast was greatly hypertrophied; while Manec, of La Charité in Paris, met with one in a girl of seventeen, both breasts being affected, and weighing after removal 15 lb. and 17 lb. respectively.

I saw a similar case in the practice of Sir William Fergusson some years back, both breasts having grown to such a size as to be a burden to the patient, who gladly submitted to amputation, after having tried every other method of treatment unsuccessfully. It is the general experience in all these cases, I believe, that amputation is the only means of cure. In the first case I mentioned, where the hypertrophy was reasonably presumed to have depended upon sexual excitement, "clitoridectomy" was performed by a surgeon who at that time upheld that operation as a panacea for most female ailments, but without any benefit to the mammary enlargement. Whether unsuspected sexual excitement may have been the cause of the enlargement in other cases of the kind, I am unable to say.

It is, however, when the breast has to enter upon the function of lactation that it becomes of most importance pathologically; and I shall now proceed to speak of those disorders which occur during or after the completion of pregnancy.

And first of *Sore Nipples*. These may depend upon some peculiarity in the constitution of the mother, or state of the child's mouth, but are more frequently the results of simple want of care—first, in not preparing the nipple; secondly, in not caring for it during lactation; and thirdly, in leaving it too long in the child's mouth, the infant being permitted to sleep with the nipple in its grasp. The preparation of the nipple, particularly in first pregnancies, I have already mentioned; but the hardening of the delicate skin covering the organ by bathing it with weak spirit should not be omitted in every pregnancy. The care required during lactation is principally that the nipple should be dried after each period of suction; and when there is an involuntary flow of milk in the intervals, the use of a properly shaped breast-glass serves to prevent the nipple being constantly sodden by contact with wet under-linen.

That the tender, moist skin of the nipple may be infected by the secretions of the child's mouth is, I think, undoubted. Thus, a child with thrush in the mouth may induce a painful condition of the mother's breast; whilst a child labouring under congenital syphilis will very probably produce mucous tubercles on the breast of a healthy nurse, whose system may thus become infected. The communicability of secondary syphilis is so thoroughly ascertained that it appears almost unnecessary to insist upon it now-a-days; and the examples of its communication from nursling to nurse have unfortunately been too frequent, especially in France, to admit of argument. Mr. Henry Lee holds that the natural secretions of the body, when the structures producing them are in a healthy state, cannot be the means of communicating syphilis to another person, although the patient from whom these secretions are derived be constitutionally syphilitic, and quotes (Holmes's System of Surgery, vol. i.) in illustration the case of a healthy woman who nursed a syphilitic child with *one* breast, and became affected with constitutional syphilis; whilst her own child, nursed with the *other* breast, remained healthy! This doctrine is, however, too doubtful to be implicitly relied on in practice, in my opinion. It would be the duty of a practitioner to refuse to sanction the placing of a confessedly syphilitic infant with any nurse, unless the latter fully understands and is prepared for the risk she undergoes; and should syphilitic symptoms develop after nursing has commenced it should be immediately arrested, and the child be brought up by hand, rather than allow the nurse to become infected. When a mother is suckling her own child in which syphilitic symptoms develop, it is, I think, of small importance that she should continue to nurse it, for the poison is already in her system, and it will of course be necessary to adopt specific treatment for both mother and child. At the same time, it will be well to protect the

nipple with a shield. I have no faith in treating the child through the mother's milk, any more than in the ancient plan of rubbing mercurial ointment into the udders of goats with a view to rendering their milk curative of syphilis. In all syphilitic infants the disease must be treated with mercury, and most satisfactorily by inunction.

In the treatment of the ordinary chapped nipple all sorts of nostrums have been advocated, but I have found nothing so satisfactory as a five-grain solution of nitrate of silver, carefully pencilled on with a camel's-hair brush after each act of suckling. The employment of spirit of nitrous ether as a vehicle, instead of water, has the great advantage of giving a lotion which dries rapidly, and which is not repelled by the greasy condition of the nipple. The use of a shield if the child has an aphthous mouth, or is prone to bite, gives relief, but will not effect a cure without local medication.

The first effect of a soreness of the nipple sufficient to prevent the child being put to the breast is *engorgement* of the organ with milk. Under these circumstances the breast becomes distended and tense, and stands out prominently from the chest-wall. Soon, if unrelieved, the skin becomes œdematous, and inflammation will certainly ensue unless relief be promptly afforded. If the infant, or possibly an older child, can empty the breast through a shield used to protect the tender nipple, the urgency of the case will be at once relieved; but if not, some form of breast-pump must be employed, or recourse be had to gentle but steady pressure, with both hands embracing the breast, and thus squeezing out the milk. Anything like violent manipulation of an engorged breast is much to be deprecated; but steady and even pressure will often give relief. It is certainly advisable to diminish the secretion of milk in the breast; and for this purpose nothing is so certain or satisfactory as the external application of extract of belladonna mixed with equal parts of glycerine. The effect of belladonna, freely applied in this manner, is not merely to relieve pain, but, by causing contraction of the capillaries, to diminish the quantity of blood in the organ and the amount of secretion.* In addition to the local remedy, means should be taken to act upon the bowels; and since cases of sore nipples frequently occur in females exhausted by over-suckling, the combination of tonics with hydragogue cathartics is very useful. The formula I generally employ is, sulphate of quinine, one grain; sulphate of magnesia, four drachms; dilute sulphuric acid, five minims; pimento water, one ounce: every six hours.

If engorgement goes on unrelieved for over twenty-four hours, inflammation is pretty certain to supervene, the constitutional symptoms of which are generally well marked: the patient's skin is hot, there is great pain and tension of the breast, the pulse is hard and frequent, and the tongue coated. If seen before the occurrence of a rigor, by which the formation of matter is generally announced, the treatment for this condition will be the same as that for simple engorgement, since one runs almost imperceptibly into the other. In addition to the use of belladonna locally, I have found the greatest benefit from the application of warmth and moisture by means of a linseed poultice placed over the belladonna; and it is most important that the breast should be thoroughly supported by a sling, or, what I prefer, a broad strap of plaster affixed to the shoulders, and carried below the organ. In debilitated patients, in whom inflammation of the breast is most generally seen, any local or general depletion is uncalled for; but the administration of the tincture of aconite, in frequent and small doses (two-minims every two hours), will do much to relieve the feverish condition of the patient, and to promote a healthy moisture of the skin.

Suppuration is most common in the substance of the breast itself, though an abscess occasionally forms near the nipple, and still more rarely, at least during lactation, beneath the breast, in the connective tissue between it and the pectoral muscle. Since suppuration involves ordinarily only a portion of the gland-tissue, the secretion of milk goes on to a certain extent, and a child may even be put to a breast in which an abscess already exists. The matter never finds its way along the lactiferous tubes to the nipple, for these are blocked by inflammatory deposit at a very early period, but it tends to burrow through the breast, and to inflict very serious permanent injury upon it unless early evacuated.

The diagnosis of an abscess deep in the substance of a breast is by no means easy in all cases; and the so-called *tactus eruditus* of the surgeon has no better opportunity for its display than in its detection. The period for which the disease has lasted, and the œdematous condition of the integuments, will justify an incision even when fluctuation may be doubtful; and, fortunately, a mistake is of little consequence, since the relief of tension by the slight hæmorrhage and draining away of serum consequent upon the incision will be as great as if matter had been evacuated. It is often difficult, at least in hospital practice, to persuade a patient to purchase permanent relief from all her sufferings by submitting to a momentary infliction of pain; and I find it advantageous, in explaining the treatment to the patient or her friends, to avoid most carefully the use of the word "lancing." A woman who protests loudly against being "lanced" will permit all that is necessary under the name of a "prick" or "puncture," particularly if the surgeon is pretty rapid in his movements, and avoids making any display of instruments, basins, &c. The knife I prefer for opening tolerably superficial abscesses is the ordinary double-edged Syme's abscess-knife, which, by its sickle shape, allows a sufficient opening to be rapidly made; but if the matter is very deep (and it is sometimes missed from not going deep enough), I prefer a slender straight bistoury or finger-knife. Of course, the incision should be made in as dependent a position as possible, and always in a direction radiating from the nipple, so as to avoid dividing the lactiferous ducts.

There can be no better treatment than poulticing for a few days after matter has formed in the breast; but over-poulticing—i.e., prolonged for weeks—is strongly to be condemned, since the discharge is thereby kept up, and both the vitality of the part and the strength of the patient are weakened. Cases of abscess of the breast which have been treated domestically from the first not unfrequently come before the surgeon with half a dozen openings, from which flabby granulations protrude, pouring out a considerable quantity of thin unhealthy pus under the influence of prolonged poulticing. Here the proper treatment is to take off the poultice at once, to support the breast efficiently by strapping or bandaging, to inject the sinuses with some simple stimulating lotion, such as the red lotion (sulphate of zinc, one grain; compound tincture of lavender, one fluid drachm; spirit of rosemary, half a fluid drachm; water, one fluid ounce), and to dress each of the openings with water dressing and the above lotion; or, if the parts prove sluggish, with a lotion of nitrate of silver, two grains to the fluid ounce. It is seldom necessary to lay open sinuses extensively in the breast, though where there are two small and insufficient openings to a sinus, time may be saved by laying them into one under chloroform. At the same time, attention must be paid to the general health of the patient; hectic symptoms, if present, being checked by sponging the whole body with hot vinegar and water at night, by the administration of the mineral acids in full doses with vegetable tonics; and subsequently, the health being restored, by the administration of iron, cod-liver oil, and resort to the seaside.

The somewhat rare cases of abscess *behind* the breast are readily recognised by the way in which the whole mamma is thrust forward and made prominent. The matter, which forms rapidly in the connective tissue over the pectorals, has a tendency to gravitate, and thus fluctuation will be always most readily perceived at the lowest part. An early and dependent opening is necessary for the treatment of these cases, and in this situation I have availed myself with advantage of Mr. Hilton's suggestion to introduce a director through a small skin wound, so as to push the point up to the matter, which then finds its way along the groove. A pair of dressing forceps or scissors passed along the director, and expanded so as to open up a passage for the matter, saves all risk of hæmorrhage.

The occasional formation of an abscess in the straight tubes around the nipple has been already alluded to, and is readily treated by a timely incision radiating from the nipple. Of a similar character is the chronic dilatation of one of the tubes with milk, due to obstruction of a duct, constituting what is commonly termed a *lacteal tumour*. This is an oblong, semitranslucent swelling, which gives

* See paper by author "On the Employment of Belladonna in Surgical Affections" in the *Practitioner*, vol. i., 1868.

little inconvenience unless it becomes very tense. Occasionally a little steady pressure upon it will remove the obstruction from the mouth of the duct, and thus allow of its evacuation; but more frequently an incision is required so as to allow of the sac granulating up from the bottom.

Suppuration may occur in either the female or the male breast as the result of injury, as I have myself witnessed, and is occasionally seen in the breasts of infants of either sex, as the consequence of foolish squeezing of the part by the nurse, who has noticed the not uncommon existence of a small amount of secretion from the nipple soon after birth. A more puzzling event is the occurrence of a *chronic abscess* in the female breast, either as the consequence of injury, or more frequently in connexion with pregnancy terminating in an abortion. The formation of the abscess is very slow, and, the wall being usually thick, it is not easy to detect fluctuation. I have seen such a case mistaken for a solid tumour and removed by a very excellent surgeon. In all doubtful cases the exploring trocar should be employed to clear up the nature of the case; and, in fact, as I shall have occasion to mention later, it is always safer to make an exploratory incision into any tumour before removing it, unless the nature of it is perfectly well ascertained beforehand. The treatment of chronic abscess would consist in thorough evacuation by a free incision, with careful after-dressing to ensure perfect healing.

I will conclude this lecture by calling your attention briefly to two somewhat uncommon affections of the *skin* of the mamma, of which I happen to have seen examples myself, but which are not necessarily confined to this region.

The first is that curious disease of the sebaceous follicles of the skin known as "molluscum contagiosum," and most frequently seen in children. In the excellent plate of this disease published by the New Sydenham Society, which I now show you, it is drawn from nature on the face and particularly about the eyelids of a child, and also on the breast of the mother. I happen to have met with an almost precisely similar case; and I have no doubt myself as to the communicability of the disease from the child to the mother, and possibly *vice versâ*. The treatment of this form of molluscum is fortunately sufficiently simple; for, with the nails of the finger and thumb, the cyst with the contents of the sebaceous sac can be readily evacuated, and in a few days all trace of the growth will have subsided. The extruded pellet consists of sebaceous matter in a cyst, which is shown in a magnified form in the plate before you.

The other much rarer disease is the true keloid of Addison—morphœa or scleriasis of the skin,—of which I am glad to be able to show you an example. The patient, a healthy woman, aged thirty-one, came under my notice two years ago, complaining of great pain about the breast; and I then found the peculiar hardened patch of skin, resembling somewhat a scar, which is characteristic of the disease. Various remedies were tried to relieve the pain without much benefit; and I had the advantage of consulting the late Mr. Charles Moore upon the case, and he was inclined to regard it as a development of scirrhus. This is not the case however, for the patient is now much as she was when I first saw her. In Dr. Addison's original paper (republished by the New Sydenham Society) will be found a very similar case reported by Mr. Birkett, in which a patch formed in the axilla and breast, accompanied with a good deal of pain, and in which no treatment gave any permanent relief.

THE SIMPSON MEMORIAL.—At a meeting held on April 27th, in Stafford House, of the London committee for promoting a memorial to the late Sir J. Y. Simpson, Bart., Dr. Wood, on behalf of the Edinburgh committee, stated that upwards of £5000 had already been subscribed. It was mentioned, too, that through the exertions of Dr. Storer, of Boston, an influential organisation had been formed in America, where the matter had been enthusiastically taken up. Dr. Priestley suggested that public attention in London should be more fully directed to the movement, which had for its object the perpetuation of the name of a man who, by his application of chloroform to the mitigation of human suffering, had been one of the greatest benefactors of the human race. It is proposed that the memorial shall consist of a great hospital, a monument in Edinburgh, and a bust in Westminster Abbey.

FURTHER OBSERVATIONS ON THE SKIM-MILK TREATMENT OF DIABETES MELLITUS.

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MORE than a year has now elapsed since I first introduced this method of treatment of a very intractable and fatal disease to the profession, through the medium of THE LANCET.* I then published cases showing the remarkable efficacy of the treatment, and the rapidity with which it can cure the disease. Since the date of my papers the only contribution which has appeared corroborating my observations is the lecture on the subject to the students at the Edinburgh Royal Infirmary by Dr. George Balfour, subsequently published by him in the *Edinburgh Medical Journal*.† This accomplished physician has recorded his experience of the value of the treatment; unfortunately, however, the patient who formed the subject of his observations remained only a few days under his care in the infirmary, but during this brief period improved to a degree which he terms "very remarkable."

The time has now arrived when it is incumbent on me to show what my subsequent experience with the treatment has been, and to bring forward well-authenticated cases as corroborative testimony in favour of what I have already stated. It is with this object in view, and with the earnest wish that others may be induced to put it to the test of direct experiment, without bias, that I now venture to publish the following cases.

The first case is that of a patient of Mr. M. Francis, surgeon to the Sunderland Police Force, by whom I was called to attend in consultation for the purpose of giving the skim-milk treatment a fair trial.

The second case occurred in my own practice, the patient consulting me at my own house, where, as is stated in the report, he was carefully examined and pronounced cured by my neighbour, Dr. Charles Natrass, of Sunderland, who has evinced much interest in the treatment. This case is the more valuable from the fact that the patient, prior to having been put under the skim-milk treatment, was for a period of four months carefully kept under Rollo's dietetic treatment by an accomplished and experienced surgeon in Newcastle, and pronounced by him incurable at the end of this period. We have thus an opportunity of comparing the relative value of the two kinds of treatment.

Not the least extraordinary fact connected with both cases is that *both were cured within fourteen days after beginning the treatment*. And I must not forget to add that at the time I am now writing one of them has continued free from the disease nearly seven months, and the other nearly six months.

CASE 1. *Diabetes mellitus; removal of the sugar from the urine in fourteen days; complete recovery.*—Mr. J. G——, aged fifty-eight, a highly respectable merchant, of large, robust, muscular build, and of regular and temperate habits. He has devoted himself very successfully to business pursuits, with all the anxiety attendant thereon.

For two years prior to May, 1870, this patient had grown much stouter and shown a decided tendency to corpulency, and, to use his own expression, "had been very bilious." He suffered much during this period from loss of energy and fatigue on exertion, always feeling dull, heavy, and languid, sleepless at night and drowsy in the daytime. This general indisposition he attributed to his habits having become much more sedentary and his application to business much closer. He took no stimulants whatever during the daytime, but in the evening, at dinner and after it, he took daily a pint of bitter ale and one or two glasses of whisky, but never more than this quantity.

This condition of general debility and suffering just described continued until the beginning of May, 1870, when the patient's health completely broke down, and his feeling of debility increased so greatly that he could with extreme

* Oct. 23rd and Nov. 27th, 1869. † Feb. 1870.

difficulty walk in the morning after breakfast between his own residence and his place of business, a distance of about half a mile.

This condition continued until the 14th of June (about six weeks), when I was called in consultation with Mr. M. Francis, surgeon to the Sunderland Police Force, when we found the state of the patient to be as follows:—He was unable to attend to business, and could not walk more than a quarter of a mile without taking a rest. He suffered much from a dull heavy pain across the forehead, with a painful dragging sensation in the face, or as if something was dragging down his cheeks. There was great dimness of vision and loss of energy, no sleep at night (although he slept occasionally towards morning), coldness and numbness of the limbs, and loss of sensation on the anterior surface of the thighs. There was not excessive thirst nor inordinate appetite; the skin was somewhat dry and not perspiring; the gums were spongy, and the teeth loose. There was nothing abnormal in the state of the pulse, and no organic disease could be detected.

Such were the general symptoms; and a careful examination of the urine revealed the nature of the disease. The daily quantity of urine varied from eight to ten pints; and its specific gravity was from 1035 to 1040, and it was loaded with sugar. The case was, therefore, unquestionably one of diabetes mellitus.

On the following day (the 15th of June) the skim-milk treatment was begun; and, on account of the large muscular frame of the patient and his sharp appetite, from eight to ten pints were taken daily, and at the ordinary temperature. The cream was taken off carefully after it had stood a sufficient length of time, and according to directions. *All other food was scrupulously refrained from*; and no medicine whatever was in this case prescribed. This treatment (an exclusive diet of skim-milk) was persevered in *without variation or intermission for a period of five weeks.*

And now let us consider with what result.

At the end of the first week of the treatment, the urine had fallen in quantity to six or seven pints daily (the quantity being always in direct ratio to that of the daily consumption of milk), and its specific gravity was reduced to 1015, the quantity of sugar having undergone a very great diminution.

At the end of the second week (June 28th), or *fourteen days after the commencement of the treatment, the sugar had completely disappeared from the urine*; not the slightest trace could be detected on the most careful examination. The specific gravity of the urine was now reduced to 1009 and 1010 daily, the quantity ranging from six to seven pints according to the quantity of milk taken daily; but whenever the quantity exceeded seven pints the specific gravity was always below 1010. From this date the sugar continued absent from the urine.

As regards the general symptoms of the disease already enumerated (most of which were referable to the nervous system), they gradually diminished, and at length completely disappeared within a fortnight, and were succeeded by a feeling of perfect health, accompanied by profound refreshing sleep at night. The lethargy, too, entirely disappeared.

One of the most remarkable changes produced in the patient's condition was the restoration of his strength; *at the end of a month he walked seven miles without once resting, and without fatigue* or subsequent injury; his diet having been all the while exclusively skim-milk, as already stated.

At the commencement of the treatment the patient was flabby and inclining towards obesity; but two months afterwards his flesh was firm and compact, his features presenting a ruddy healthy hue, instead of his previously yellow, pasty look; his gums and teeth regained their firmness.

As already stated, the skim-milk treatment was continued for five weeks. At the end of this period from two to three pints of the daily allowance of milk (from eight to ten pints) were converted into curd by the use of Proctor's essence of rennet; this curd was taken at two meals, and it assisted materially in filling the stomach, and was thus very grateful to the patient. This slight change was continued two weeks; but, as it was a mere modification of the milk diet, the latter may be said to have extended over a period of seven weeks.

At the end of seven weeks, and as an *addition* to the milk and curd diet, still continued, a dinner was allowed, consisting of about three quarters of a pound of beef or mutton roasted, or steak or chop, with a moderate quantity of green vegetables (cabbage, greens, lettuce, spinach, &c.). This change of diet did not cause any return of the sugar in the urine, but contributed much to increase the strength of the patient, and was very grateful to his appetite.

Since the disappearance of the disease, on the 28th June, up to the present time (January, 1871), a period of more than six months, the patient has continued and still continues in excellent health, and sugar is still absent from the urine, which is subjected to a weekly examination. Additions have been made to his diet, but all articles containing starch and sugar have been excluded as far as practicable. At present he is taking the following diet daily:—For breakfast: ½ lb. of mutton chop, a pint of milk, and about ½ pint of coffee. For lunch: ½ lb. of potted head or potted meat and a pint of milk. For dinner: about ½ lb. of roast beef or mutton, chop or steak, fowl or turkey, with green vegetables (brussels sprouts, cabbage, &c.) After dinner, up to bedtime, tea and a liberal quantity of milk are taken. Six pints of milk are consumed daily; from this the greater portion of the cream has been separated. Under this diet the health of the patient is excellent, and he has gained considerably in healthy flesh, the obesity and flabbiness having quite disappeared. This dietary will be continued for some time longer, until it is considered safe to introduce articles of diet containing starch or sugar.

CASE 2. *Diabetes mellitus; removal of the sugar in twelve days; complete recovery.*—Mr. D. S——, a highly respectable and prosperous tradesman in Newcastle-on-Tyne, of robust, muscular build and of temperate habits, but much confined within doors by his business. His health had generally been good until January, 1870, when he began to suffer much from general indisposition, and when he placed himself under a medical practitioner, who ascertained that he was suffering from diabetes, but did not prescribe a dietetic treatment, or produce any amelioration of the condition of the patient.

On April 15th he consulted an experienced surgeon in Newcastle. At this time his weight was 11 st. 10 lb., and he passed daily from six to seven pints of urine having a specific gravity of 1040 to 1045. He suffered from dry skin and excessive thirst (not greatly increased appetite), great dimness of vision, and almost complete loss of sleep. He had a dull, heavy, aching pain over the loins, great listlessness, entire loss of energy, and experienced great fatigue on the slightest exertion.

The patient was now placed under Rollo's dietetic treatment, consisting of animal food—beef and mutton,—of which he partook about 2½ lb. daily in four meals, with the addition of two or three of Camplin's bran biscuits to each meal; tea was allowed, and also a pint of claret daily, and occasionally a little brandy and cold water. Bread, sugar, and all food containing starchy matter, were strictly prohibited.

On the 19th April (four days after commencing this treatment) his weight was 11 st. 5 lb.; and on the 25th, 11 st. 10 lb.

The effect of the treatment was to diminish the daily quantity of urine to 4½ pints on an average; but its specific gravity never fell below 1038, and continued to be abundantly impregnated with sugar. The patient, however, experienced considerable relief from the general symptoms of the disease up to the 25th of July; but the disease itself showed no indication of yielding, and was pronounced incurable. At this period he became much worse, there being a great aggravation of all the symptoms of the disease up to the 3rd of August, when he first came under my observation.

When, at the date just mentioned, he consulted me, I found the patient suffering from all the symptoms already detailed, and from which he was suffering when placed under a dietetic treatment in the beginning of April. He was passing from six to seven pints of urine daily. The specific gravity on the 3rd of August was 1040.

On the 4th of August, the day following, I placed him under the skim-milk treatment. He was allowed six pints daily, from which the cream had been carefully separated, after standing eighteen or twenty-four hours in a cool place. *All other food was strictly prohibited*, and stimulants were disallowed. The subjoined table shows the effect of the treatment on the urine, which was carefully collected and measured every twenty-four hours, and the mean specific gravity ascertained. In this table I give the condition of

the urine only on the days on which the patient was seen by me, and the examination made by myself.

Table showing the effect of the treatment on the quantity and specific gravity of the urine, which contained an abundance of phosphates.

1870.	Daily quantity in wine pints.	Specific gravity.
Aug. 3rd	6	1040
5th	3½	1030
8th	4½	1013
10th	4½	1013
13th	3½	1015
15th	4½	1011
18th	3½	1016
20th	4	1014
23rd	5	1010
26th	4½	1015
29th	5	1010
31st	5½	1013
Sept. 3rd	3	1019
6th	2½	1023
12th	3½	1019
19th	3	1020
23rd	2½	1026
27th	4½	1017
30th	2½	1024
Oct. 3rd	3½	1024
10th	3½	1023
23rd	4½	1015
29th	5½	1019
Nov. 2nd	3½	1024
10th	4	1018

The dates of the following report of the general condition of the patient correspond with those of the table above.

Aug. 3rd (the day before the treatment was begun).—The urine was loaded with sugar. There was great thirst, a dry skin, no sleep at night, loss of energy, and great fatigue on exertion.

5th (the day after the commencement of the treatment).—Not much improvement in general symptoms; but the urine was reduced 2½ pints in quantity and ten degrees in specific gravity.

8th.—The quantity of sugar in the urine very much diminished; *thirst gone;* skin moist and perspiring, especially at night. Had slept soundly on the previous night; listlessness much less, and feels as if he had got rid of a load.

10th.—Much less sugar in urine. A great improvement in every respect.

13th.—Sugar reduced to a very small quantity. Thirst quite gone since the 8th. Skin continues moist; sleeps soundly every night; vision improved; pain in the loins gone; feels much more energetic and active; takes a long walk daily without fatigue.

15th.—Only a mere trace of sugar observable in the urine. Continued improvement, especially in strength.

18th.—Sugar totally absent from the urine; still improving in strength and energy; has no desire for more food.

20th.—Sugar continues absent; "feels quite well"; can walk a long distance without fatigue. The daily allowance of skim-milk increased to seven pints.

23rd.—No sugar; keeping quite well. After consulting me on the 20th he walked to Whitburn, and then to Cleadon Station (about five miles), without fatigue.

29th.—No sugar; feels quite well.

31st.—As before.

Sept. 3rd.—As before. Now allowed, in addition to seven pints of skim-milk daily, two pints of the same made into curd by essence of rennet.

6th.—No sugar; quite well. Has taken much exercise daily, and perspires freely. Bowels constipated, and relieved by castor oil.

12th.—No sugar; feeling well and strong. At this period the patient was examined, as well as his urine, by my neighbour, Dr. Charles Natrass, of Sunderland, who considered him cured of the disease. The patient, moreover, declared to Dr. Natrass and myself that, on the 6th of Sept., he had walked from my house by the sea-shore to South Shields, a distance of nearly eight miles, without fatigue, and after having lived on skim-milk solely for forty-one days. He further declared he could not have done this feat three years previously, when in health and living generously.

15th.—No sugar in the urine; weight 11 st. 10 lb.; health excellent.

The patient had now lived solely on a skim-milk diet for a period of thirty-two days, and on skim-milk and curds solely for an additional twelve days, in all forty-four days (six weeks and two days).

On Sept. 16th he was allowed, as an *addition* to the skim-milk and curd diet, half a pound of mutton chop to dinner.

Sept. 19th.—No sugar in the urine; patient continuing well; takes daily, with the chop, five pints of skim-milk in the liquid form, and from two to three made into curd. The change in the diet diminished the quantity of urine and raised its specific gravity.

23rd.—Urine free from sugar, but containing a deposit of uric acid crystals.

27th.—Patient perfectly well; has been drinking more milk; allowed the green part of cabbage, greens or lettuce to dinner, with butcher meat.

30th.—As before.

Oct. 3rd, 10th, 23rd, and 29th.—No sugar in the urine; health excellent; has been taking much out-door exercise; now allowed Van Abbott's gluten bread to dinner, as an addition to the food last mentioned.

Nov. 2nd and 10th.—No sugar in the urine; health excellent. It was now considered unnecessary to keep a regular record of the case.

Since the above date the patient has been constantly under my observation, and a weekly examination of the urine has been made; and at the period I now write—January, 1871,—nearly seven months after the patient's recovery, the disease has not returned, and the patient is in excellent health, notwithstanding the fact that he has partaken daily of a mixed diet, though carefully regulated to exclude, as far as possible, starch and saccharine matter, and also fat, except to a small amount. The dietary on which he was placed, and on which he is now living, is as follows:—Five to seven pints of skim-milk daily (two or three pints of it converted into curd by essence of rennet); eggs (occasionally a portion of the curd and of the eggs are made into puddings); tea and coffee, with skim-milk; a meal of roast beef or mutton, chop or steak, turkey or chicken, with green vegetables, such as the green part of cabbage, greens, brussels sprouts, lettuce, spinach, &c. Tea has been taken in the evening, and supper has consisted of curds and milk. With this diet the patient is vigorous and quite contented.

(To be concluded.)

REMOVAL OF PATELLA FOR DISLOCATION OF SIXTEEN YEARS' STANDING, WITH CURE.

BY ROBERT S. FOWLER,
CONSULTING SURGEON TO THE ROYAL SOUTH HANTS INFIRMARY.

THE following case may not be without interest to some of the readers of THE LANCET; and as it shows the advantage of stepping aside from the ordinary routine of practice and of adopting a plan which, though theoretically untenable, may yet be successful in result, I beg to submit it to the attention of the profession.

Mary R——, aged twenty-eight, single, stated that sixteen years ago, while playing upon a swing with some other children, she fell and sustained a dislocation of the patella outwards of the left knee. The pain consequent upon the accident was extreme; and as the surgeon who saw her was unable to replace the bone, splints were applied to the knee, and the patella fixed in its new position by pads. In this position it remained two months, after which it was left alone during six months, when she entered an infirmary at Kingston-on-Thames, where she remained three months, being treated with an ordinary bandage, and permitted to get about at will as she could. During her stay here she had much pain in her knee; for which blisters were applied consecutively to the number of twenty-six. These at first gave great relief, but after a time failed altogether. She afterwards went to Worthing, and was an out-patient of the

dispensary there twelve years; but, desirous of obtaining further relief, she became an in-patient of the Brighton Hospital, and was there four weeks, when sea-bathing and occasional blisters were employed, but without much relief to the pain. Some time afterwards she was admitted into St. Thomas's Hospital, where she underwent a careful examination of the injured part by many of the staff of St. Thomas's and Guy's Hospitals. Here she continued four weeks, and had hoped they would have removed the limb. A model or cast was taken of the knee, and she was sent back to her home at Worthing, and was again on the dispensary. Setons and issues were now tried to relieve the constant wearing pain. During the whole of the time, when able to move, she used crutches.

In 1868 she came to Southampton, and was without treatment of any kind until the pain became so severe as to induce her to seek my advice in January, 1870. At this time the patella was lying on the external condyle of the left femur. It was very movable, but could not be pushed into its natural position, the trochlea being obliterated, or at least undistinguishable. I at once advised her to go to our infirmary, and a consultation was held upon her case. As might be expected, opinions varied with reference to the best means for affording relief. Amputation, resection of the knee, and the letting it alone were all canvassed. My own opinion was that, if the patella could be removed and the limb kept on a straight splint in perfect quietude, the *vis medicatrix naturæ* might effect such reparation as to afford hope of a useful limb. I could not induce my valued friends and colleagues to take the same view of this case, and therefore determined that, if my plan should fail, we would resort to one of the alternatives which had been proposed.

In accordance with the impression so strongly fixed in my mind, I proceeded to carry out my purpose; and on Feb. 9th liberated, by subcutaneous incision, as much of the attachments of the patella as could be effected by a tenotomy knife, from the shortness of which it was obviously impossible to complete its entire separation from the surrounding attachments. On Feb. 27th a renewed attempt was made, but as a longer knife with a broader blade (the only instrument I could get) was employed, the detachment, though nearly completed, had left too large a wound to permit further delay, and an incision over the whole length of the patella was immediately made, and the bone rapidly removed. The wound was brought together by hare-lip pins, and covered with carbolic acid dressings, and the limb was then placed upon a straight splint. Not the slightest swelling of the knee followed; the deeper part of the wound was firmly united when the pins were removed, but the external wound healed by granulation.

During the next two months the limb was kept at perfect rest. At length trial was made to raise the leg by the voluntary effort of the patient. This could be partially done at first, and within a short time the improvement became very apparent. On June 1st she left the infirmary with a starch bandage around the knee. She has since daily increased in health and in ability to walk, and has long been free from pain. On Nov. 13th, 1870, she walked, by the aid of crutches, five miles, and stated she could have dispensed with their use. She has already walked ten minutes without crutch or stick, and regrets exceedingly that the operation had not taken place many years before. It is now nine months since the patella was removed, and there is little reason to doubt that within a short time she will be fully able to attend to her ordinary employments.

Remarks.—I had looked long and in vain for some record of a similar case in our surgical works for authority to perform the operation in question; nor am I aware that any such case is published. I certainly should hardly have ventured upon such a proceeding as that which was adopted had it not been that in the year 1867 two cases of ruptured ligamentum patellæ fell under my notice, and both had been neglected during many months. In each of these perfect rest, with as good apposition as could be obtained by keeping the limb somewhat elevated, in time effected a cure. These cases were pleaded, in consultation, as a justification for removal of the bone; but they did not satisfy my friends, who naturally urged the difference between these cases and the one in question—viz., that in the latter there would be loss of structure, whilst in the former there was none. If I had again to perform the operation, I would certainly be provided with a long and narrow blade, and divide subcutaneously the attachments of the patella, and replace it at a distance from the joint; and then, about two or three weeks subsequently, would remove it, pursuing in all other respects the treatment above mentioned.

It is now thirteen months since the operation was performed, and my patient has discontinued the use of both crutch and stick during the past three weeks. She walks two or three miles without pain or any inconvenience, and has resumed her ordinary occupations. A splint of undressed leather is still worn on the ham, as flexion of the knee cannot be borne beyond a certain degree; in time, I hope that this support will be unnecessary, when the new attachments shall have become more consolidated.

Southampton, March, 1871.

REPORT OF

CASES OF SMALL-POX ADMITTED INTO ST. LUKE'S WORKHOUSE.

BY GEORGE E. YARROW, M.D.

IN consequence of the great want of accommodation found to exist, the Board of Guardians of the Holborn Union deemed it advisable to appropriate temporarily the casual wards of St. Luke's Workhouse for the isolation of cases of small-pox occurring in the union. The first case was admitted on Jan. 21st, and the last on March 16th. During the intervening period 126 cases were received; and I now propose to give a summary of these cases, with especial reference to the various degrees of protection afforded by vaccination. In tabulating these cases, with the number of vaccine cicatrices and results, it will be as well to explain that I have classed all on whom I could find no marks as unvaccinated, although some stated they had been so protected.

No. of Cases.	No. of Marks of previous Vaccination.	Confluent.	Semi-confluent.	Distinct.	Died.	Average pr. Cent.
25	Unvaccinated	19	4	2‡	12	·48
30	One mark	4	17	9	9	·3
45	Two marks	1	13	31	4§	·08
12	Three marks	2	1	9	1‖	·08
10	Four marks	0	0	10	0	
2*						
2†						
126		26	35	61	26	·206

* Sent to Hampstead without having been seen by me.
† When examined, found not to have small-pox.
‡ Both these cases were said to have been vaccinated.
§ Two of these cases were complicated with pneumonia.
‖ This patient was a young man suffering severely from secondary syphilis.

During the epidemic I have been repeatedly asked by medical men and others if I do not consider the production of one vaccine vesicle as protective as half a dozen. My answer has been "Undoubtedly not"—with what degree of truth the above table illustrates. It will be seen that not one case was admitted with five vaccine cicatrices. A young woman aged twenty, who had four marks, had only six small-pox pustules on her whole body. Another female, aged twenty-one, with three cicatrices, had not more than twelve pustules. Three pregnant women were admitted. The first, in the eighth month of gestation, was suffering from the semi-confluent form of the disease. She had two good vaccine cicatrices, and was discharged undelivered at the end of three weeks, the child being still vigorous. The second was in the ninth month of pregnancy. She had two cicatrices, and had confluent small-pox. She was delivered of a healthy child on the eighth day of the rash. The infant was at once removed from the wards, and I vaccinated it on the third day. The mother left the workhouse at the expiration of four weeks. The third case was that of a woman in the eighth month, and who was unvaccinated. She was delivered of a dead child three days after admission; the disease assumed the hæmorrhagic form, and she

died three hours after delivery. Two persons suffering from second attacks of small-pox were noted: one had been vaccinated since the first attack, and now had the disease in the discrete form; the other was unvaccinated, and had it in the confluent form. Seven cases of variola hæmorrhagica were under my observation, of whom only one survived. Not a single revaccinated person has been admitted suffering from small-pox; neither has any nurse, helper, or workman about the premises contracted the disease, I having taken the precaution to vaccinate them.

Treatment.—I found in the few cases in which I tried stimulants that they were badly borne; and I relied on salines, with chlorate of potash, during the febrile stages of the disease, giving beef-tea, broth, milk, and eggs as the diet. If, however, symptoms of depression manifested themselves, I gave four or five ounces of port wine daily. During the period of convalescence I prescribed nitro-muriatic acid and bark, with a mutton dinner and a pint of porter, continuing the beef-tea or milk with bread for supper. As a local application I simply used olive oil.

Old-street, April 10th, 1871.

A CASE OF RHINOPLASTY.

BY A. B. TELFORD, M.D., L.R.C.S.E.

I HAVE great pleasure in submitting the following case of rhinoplasty to the profession.

J. R——, a cotton-weaver, aged seventy, first applied to me in the condition shown in the first engraving, which is a very correct representation. The history of the case,

FIG. 1.

as far as can be gathered, is as follows:—Fifteen years ago he was attacked with erysipelas of the face. The attack was a very severe one. Shortly afterwards he observed a small spot on the left ala of the nose, which mostly attracted his attention by its itching. A dry scab formed on the surface, which he continued to pull off, only to be followed by another larger one. Occasionally at night he experienced pain in the part. He dressed the sore with only a little simple ointment. For a number of years the disease alternately advanced and stood still. It is within the last seven or eight years that the columna nasi and the other ala were attacked; and since then it had made gradual and steady progress till it had completely destroyed those structures, was devastating the tissues of the left cheek, had advanced to the inner angle of the left eye, and doubtless would soon have implicated the lids and eyeball. With this exception he has always enjoyed good health. There is no history of syphilis or struma. Two years ago the disease began to spread rapidly in the left cheek, the exacerbations of pain became worse, he complained of frontal headache, and he desired to submit to surgical interference.

In the various steps of the operation I was guided by Mr. Erichsen's excellent and minute description, introducing one or two modifications according to the circumstances of the case.

On the 21st of December, 1869, the patient was put under the influence of chloroform in the sitting posture, so as to avoid the inconvenience of the blood running back into the pharynx through the nostrils. I proceeded first to clear away all the disease with a scalpel, taking care to cut pretty wide of it. This necessitated my bringing the incision quite up to the inner angle of the left eye, and also caused me, on the other hand, to take away a good portion of the tissues of the left cheek. Then, with a piece of softened gutta percha, I fashioned out the new nose, laid it on the forehead, and marked it off with tincture of iodine. Then, beginning at the (patient's) right side, I raised the flap from the brow, but did not take the periosteum, as some have recommended. The right side of the flap was necessarily larger than the left on account of the corresponding deficiency in the left cheek. The flap was four inches broad and three inches and a half in length. I was very careful here of two points—first, to make the flap larger that what appeared to be required; secondly, to make its base broad, to have as great a supply of blood as possible, as, from the age of the patient, the circulation was not very strong. Having effectually checked all bleeding with torsion and

FIG. 2.

cold, leaving the opposed surfaces glazed, and all oozing having ceased, the flap was turned over from right to left. I then adjusted its raw edges to the raw surfaces of the face—the parts at the angle of the left eye and cheek requiring very careful adaptation,—applied six sutures to the left and four to the right side, and plugged the cavity of the nose lightly.

On the seventh day I withdrew the sutures and put a larger support under the nostril. He continued wearing the plug for six weeks, gradually making it larger to afford a better support as the new connexions got stronger, and to overcome the tendency to depression.

Six weeks later the patient was again put under chloroform, when I first divided the root of the flap, to form the bridge; then, making two perpendicular incisions through

the upper lip, which was very large and pendulous, and having pared the inside of the tip of the nose as well as the end of the flap, I turned it up to form the columna nasi. I inserted a needle, round which was passed two turns of thread to secure the raw surfaces in position, and applied some strips of adhesive plaster. The needle was withdrawn in a few days, when union was found to have taken place by the first intention. He afterwards wore two cylinders of gutta percha wrapped in lint. The general contraction of the new organ is less than might have been expected.

In the result there is some depression of the tip, from the patient neglecting his plugs for a week or two at a time. The disease has shown no tendency to return. There is comparatively little mark of cicatrix. The patient has ever since been quite free from pain. He resumed his usual avocation ten weeks after the first operation. Fig. 2 is from a photograph taken nine months afterwards.

In the various manipulations I was ably assisted by the late Dr. Birnie, of Whitefield, whose skill and success in the practice of surgery deserve the highest praise. The disease had all the microscopic characters of lupus.

Bury, Lancashire, April 13th, 1871.

THE

PHYSICAL UNITIES OF THE HUMAN BODY:

DYNAMICAL, PHYSIOLOGICAL, PATHOLOGICAL, AND THERAPEUTICAL.

BY Z. C. M'ELROY, M.D.

IF the human body were presented to a competent physicist for study, familiar with the accumulated facts of its anatomy, physiology, pathology, therapeutics, and dynamics, unembarrassed by any previous theories, conjectures, or speculations concerning it, he would not consume much time in unveiling most of its hitherto impenetrable mysteries.

As the initial step, he would probably determine its ultimate chemical composition. This, chemistry has demonstrated to consist of a definite number of elementary bodies common to and widely distributed through nature, and controlled, in all that concerns the growth, repair, and decay of the human body, by the earth forces, except in, as yet, one unexplained feature, to be noticed hereafter.

But little observation would satisfy him of the intimate relationship existing between it and all organic life on the globe, whether quadruped or biped, fish or fowl, worm or insect, in both material and force. Nor would he be long in determining that all animal life was but a higher type of the vegetable, seeing that, directly (as in the herbivora) or indirectly (as in the carnivora, and those subsisting on parts of both, the omnivora), they were all ultimately dependent on the vegetable kingdom for the material from which to construct their tissues; and, further, that there is in certain vegetable products material common to them all; and that, at last, the only real difference between them lies in their *forms*. For in the scale of animal existences, from the lowest to the highest, each added function has behind it a special form of structure.

Nor would he fail to observe the constant stream of material, solid, fluid, and gaseous, organic and inorganic, going from without into the interior of the body, as well as the return current of material, in very different chemical states from the ingoing, at the lungs and skin, and at stated intervals, the contents of reservoirs of sewage—the bladder and lower bowel; from not only the human body, but from each and all animal existences, the quantity being the chemical equivalents of the dynamic, or mechanical, chemical, thermal, sensory, emotional, and intellectual results in a given time.

Nor would he dwell long on the determination of the problem whether organic instrumentalities performed their function at the expense of their substance, as the candle, or only furnished conditions for chemical changes in other matter, as the lamp; and his conclusions could hardly fail to be that they were like the candle, performing their functions at the expense of their substance. No candle is designed to be chemically changed by combustion at once, evolving all its light, heat, and other chemical products, as in the chemical changes occurring between the materials of gunpowder in the act of explosion, but for all the light and heat evolved so much of its substance has been chemically changed into carbonic acid and aqueous vapour.

Entering on the duty of grouping the separate organs and tissues, no greater difficulties would be presented than those he had already overcome. It would be plain to him that provision must exist for the transformation of the food eaten into the forms and substance of the tissues and organs, and that from the means to these ends little or no sewerage would be necessary outside of the alimentary tract; and, consequently, all so-called organs or viscera without conduits to the exterior must of necessity act only in the interest of repair. And, further, that as each organic instrumentality performed its function at the expense of its substance, a general system of sewerage must exist to convey to the exterior waste or effete educts and material, much of which cannot be worked over again in the system, though some, as the alkalies, undoubtedly are, and perhaps others. This is found in the system of so-called absorbents.

These things determined, as they all have been, and that beyond all cavil or doubt, further scrutiny would reveal adequate means in existence for each end attained, and that nothing occurred or took place by so-called chance or accident, but all in obedience to inflexible and unchangeable law.

From this survey, and its results, the induction would necessarily follow that the two leading processes of the human body, and all animal bodies, were repair and waste—hystogenesis and hystolysis—i.e., constructive and destructive metamorphosis. And that, so long as these processes proceeded normally, and molecular forms normally reproduced, the result would be health, or ease of body. And that, when disarranged, or molecular forms lost, the opposite condition, or disease, or want of ease, must necessarily result. And from these premises the further induction would unavoidably result, that the physical and physiological unities of the human body are, and in like manner for all animal life: first, material—i.e., certain elements in definite proportions; second, form—i.e., that these elements must be worked into definite molecular forms; third, motion—i.e., chemical changes, whose unit is motion, must occur in the molecular forms of structure as fundamental conditions for the performance of a function.

Function is then seen to be the expression, or, so to speak, the language of the molecular forms of structure; and depends on form, and motion in the molecular form of the structure itself.

And these are the ideal unities into which merge all the accumulated facts of anatomy, physiology, pathology, therapeutics,* and dynamics; and they give rise to mental conceptions which correctly represent them to the mind of each student of the phenomena of organic life, physiological, pathological, therapeutic, and dynamic, which the accumulated facts themselves as certainly fail to do, disconnected from any ideal unities into which they can all be merged.

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* Dr. Wilson Fox's report of a case of acute rheumatism (THE LANCET, July 2nd, 1870; American Reprint, October, 1870, p. 531) is, as he supposes, a very interesting one, and for which he deserves the thanks of the scientific world. It teaches this lesson, that efforts to control excessive motion, as evidenced by the temperature in rheumatism, or any other pathological state, by external applications to limit chemical changes, or motion, on which temperature is dependent, unaccompanied by elimination of effete educts, must most likely always fail, no matter by whom or where practised. Elimination and the control of motion was attempted, and to some extent successfully, by directly diminishing the volume of the blood stream, though involuntary discharges of very offensive educts from the bowels occurred, and persisted, in the face of some efforts to restrain, to the end of the patient's life. And these were the means, most probably, by which the life of the patient was prolonged under such unfavourable circumstances. The excessive velocity of the molecular changes, evolving the temperature, had most likely changed the molecular forms of the structure of the brain, as evidenced by the furious delirium. With loss of form, normal function ceased, and in her case for ever. The case was probably hopeless from the 3rd of June; but her only chance of life lay in retarding motion, with at the same time active elimination of the results of tissue decay, and with agencies or measures that would not interfere with the molecular forms of structure. In veratrum viride is happily combined the means of fulfilling these ends, and under such circumstances as this patient presented at midnight of the 3rd of June, a drachm dose or more of the tincture or fluid extract would have been proper; for, as it only retards motion, with active elimination, and never changes forms in any dose, very large doses are safe when indicated. A report of a case of acute rheumatism in which it was thus used will appear in *The Lancet and Observer*, Cincinnati, for November, 1870, by the writer.

It is then apparent that there are not now, and never have been, and never are likely to be, any separate and specifically distinct pathological states or conditions in a human body; and, therefore, that the long catalogue of what are now taught, and believed to be, separate and distinct so-called diseases must be materially abridged, if indeed the wet sponge may not be necessary to erase them entirely. For as they now stand they certainly give rise to ideals or mental conceptions which do not represent the facts of life to any mind.

A necessary condition of specifically different pathological states, is human bodies specifically different in materials, forms, and forces, which as certainly have no existence.

A physiological human body is made up of certain definite materials, with definite molecular forms, and a definite velocity of motion, or chemical changes in the molecular forms of structures and viscera. A human body in a pathological state can only consist of abnormal velocity of molecular changes, or changed or changing forms, or combinations of two or of all these unities.

As function is the expression or language of structure, it necessarily follows that every possible pathological state is mergeable into the ideal unities of lost form, or abnormal molecular motion in the forms of structure, one or the other, or both. And into one or both of these ideal unities merge every known past, present, or possible future pathological condition.

And further, the causes of all so-called separate diseases —organic, inorganic, gaseous, fluid or solid, or naked modes of force—can do nothing more or nothing less, or different, than to retard, accelerate, or arrest motion, or change molecular forms in a human body.

These facts and inductions make it further apparent that all present classifications of therapeutic, remedial, or hygienic agencies or measures, and the mental conceptions to which they give rise, must also be materially modified, if not wholly abandoned, and others substituted, based on these ideal unities of organic life, to the end that the conceptions to which they give rise may correctly represent the facts to the mind. For all that any therapeutic, remedial, or hygienic measure or agency ever has done, or ever can do, while the laws now governing the universe are in force, are—first, to promote or retard motion, or chemical changes, in the molecular forms of structure of the tissues or viscera; or, secondly, to change the molecular forms of structure of the tissues or viscera.

These are the naked scientific facts and inductions of modern science, or rather warranted by modern science, in reference to the human body, as well as all animal life; and they would speedily be recognised and accepted by the scientific and philosophic worlds but for the hypothetical existence of a peculiar force termed vital, manifested nowhere in the universe except in living beings. What is called vitality, spirit, or life, is a resultant, and not a cause, of the transformations of the matter composing a human body. Nothing is or can be known of soul, spirit, or life, except through the forms and motion in the molecular forms of structure of the human body.

The existence of spirit is self-evident, but no shadow of it is in existence going to show that it in anywise controls the physical organisation of the human body. This is clearly traceable to the ordinary physical forces in all that concerns its growth, repair, and decay. The sole fact, not as yet accounted for by science, in any organised body, and of course the human body, is molecular forms or types, as well as physical contour. But that they are due to peculiar modes of the physical forces, not as yet identified, and separate from them, is well nigh certain; for the constant forms assumed by inorganic matter in passing from the fluid to the solid states are probably due to a common or uniform form-force, as the chemical transformations are due to a uniform formless or working force.

It is due to medical science that this advanced ground be speedily occupied. Biology, as a science, has now no existence; while pathology and therapeutics are simply empiricisms.

Among the cultivated outside of the profession, these truths are, to a greater or less extent, realised and recognised, and hence, with them, the profession has but an equivocal status; while the disagreements of its practitioners are a standing reproach. A recognition of these, or any other ideals, into which all accumulated facts can be merged, will at once establish scientific order—a standard by which to judge all empirical experiences; and differences between practitioners of the several departments of the healing art will disappear because they will be impossible.

On a physical basis, physiology, pathology, therapeutics, and organic dynamics may speedily attain the certainty of mechanical engineering. The culture of the age demands it, and sooner or later the world will possess it. Why defer it to the future?

Zanesville, Ohio, October 20th, 1870.

ON CATARRH OF THE HUMAN BLADDER.

BY DR. B. KRAUS,

EDITOR OF THE "VIENNA MEDICAL TIMES," ETC.

(*Translated by* J. P. STEELE, B.A., M.D. Edin.)

NUMEROUS as have been the monographs and clinical reports upon the origin, the character, and the treatment of this widely prevalent disease, the subject is far from having been exhausted; while, as to its therapy, every practitioner must be sensible that there are many desiderata which science has yet to make good.

The most frequent originative cause of bladder catarrh must be looked for in the spread of the gonorrhœal product from the urethra to the vesical mucous membrane—a cause to which the mode of treatment materially contributes. When the cure by injection has not been practised *secundum artem*; when injections are used which do not operate effectively; when, in order to blunt the patient's sensibility to pain, narcotics are combined with the injected liquid, so that, at the moment of injection, the muscular coat of the mucous membrane fails to contract quickly,—there is induced by the narcotic a paralysis of this coat and of the constrictor vesicæ; so that it frequently happens that, through the injection, the gonorrhœal secretion, together with the liquid, is forced into the bladder, and there infects the mucous membrane. There is developed in most cases, particularly in chronic gonorrhœas, a slight, painless catarrh of the bladder, but rarely an acute cystitis.

The diagnosis of such catarrhs can often be made only through an examination of the urine. This excretion at once loses its acid reaction, is at first neutral, and presently becomes alkaline; while, under the microscope, may be seen, floating free in the urine, epithelium cells, and, if the urethral secretion is purulent, pus-cells. Such is the commencing bladder-catarrh, which, producing in the patient no subjective sensations, may go on for a whole year after the cure of the gonorrhœa, without his having any knowledge of his condition.

The greater number of chronic bladder catarrhs originate in gonorrhœal contagion. In prolonged catarrh, the vesical mucous membrane, just as in influenza, begins to secrete mucous, transparent masses, usually of a yellowish-green colour, which fall down to the fundus of the bladder. So long as that organ retains its contractile power, these, in combination with the urine, are voided unobserved, and rarely give annoyance.

The catarrhal affections of the bladder are sporadically visible on its surface, from the size of a lentil to that of a crown-piece, and show the anatomical alterations described by Rokitansky. They are troublesome to the patient only when, as is most frequently the case, they are situated around the orifice of the urethra, since the gonorrhœal secretions, especially when they have acquired some consistence, generally come in contact with these parts. These catarrhs, occurring even in youth, are commonest in manhood, when they are usually contracted. It is not so easy to diagnose them, because, as already stated, the patient takes no heed of them till irregularities of function supervene.

The earliest of these irregularities appears in the patient's announcement that he cannot void his urine so quickly as he used to do; that he takes a proportionately longer time to micturate than was generally the case with him.

This symptom is a very essential one, and should never

be undervalued by the physician. If it occurs after a preceding gonorrhœa, it may with more probability, even in the absence of urinary analysis, be referred to the pre-existence of a catarrhal bladder affection, an affection of such a kind that it must have already been of considerable duration and have induced some loss of tone in the muscular coat. Soon afterwards the patient, in the passage of the urine through the urethra, feels a titillation which arises from the catarrhal secretion becoming compacter and touching the walls of the bladder. The sensation is not like that of a foreign body penetrating the urethra, nor such as follows the introduction of an elastic catheter or bougie. It is, on the contrary, a not unpleasant sensation, which the patient explains as coincident with an unwonted feeling in making water. Seldom is he aware that in the process a mucous mass was voided.

If we investigate such urine immediately after it has been voided, we may see in it numerous adherent flakes, which, according to the nature of the catarrh, consist of epithelium and mucus-cells, cylindrical according to the shape of the urethra, and separated in the urine at the bottom of the chamber-pot; a deposit quite different from the catarrhal products in the case of commencing catarrhs, products which pervade the whole urine like a cloud.

Where the above-mentioned phenomenon, the cylindrical flakes in the urine to wit, is to be seen in the urine, we may safely infer an old bladder catarrh of considerable duration.

Bladder catarrhs are often borne for a very long time without the symptom of frequent desire to make water, which is adduced by most authors as the most significant one, being present at all. This symptom first declares itself when on many parts of the mucous membrane an acute process is developed, in which case we may diagnose partial cystitis without the patient's complaining of pain.

The more frequent desire to micturate is of commonest occurrence when catarrh has its seat at the cervix of the bladder; and, even in the case of gonorrhœa, only at times when the sphincter is irritated. For even in the case of balanitic gonorrhœa, the more frequent desire to make water depends only on this condition, that after the single micturition, the residual urine along the urethra irritates the affected part, precisely as if a corrosive substance came in contact with it; and the desire to micturate lasts only so long as does the influence of the corrosive urine on the affected part. Therefore is it that the desire to make water is produced mechanically, while the more frequent micturition in the case of bladder catarrh is to be explained on grounds which we shall state hereafter.

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

OLD PERITONEAL ADHESIONS INTERFERING WITH THE RISE OF THE UTERUS INTO THE ABDOMEN AT THE FOURTH MONTH OF PREGNANCY; CYSTITIS; RETENTION OF URINE; DISTENSION OF THE BLADDER; SLOUGHING; PERFORATION; DEATH FROM GENERAL PERITONITIS.

(Under the care of Dr. SOUTHEY.)

LYDIA M——, a fair-complexioned, well-nourished girl of sixteen, applied for admission on the 23rd of March. Her breasts were enlarged and presented a well-marked areola, characteristic of about the fourth month of pregnancy. Her abdomen was much distended, full, tender, and dull generally to percussion to about two inches above the umbilicus. She stated that she had had sickness for the last fourteen days, with pain over her loins, and occasional attacks of shivering. Her bowels had been more or less confined all that time, the effort to defecate increasing her pain. At first she had frequent desire to pass her water, but difficulty in making it; but for the last five days she had suffered complete retention. This morning and the day previous a little had dribbled away from her involuntarily. On the 21st of March she had taken a dose of castor oil, which acted upon the bowels very slightly. As to her previous history, she acknowledged that she had latterly been leading a loose life; but neither knew nor fancied that she was pregnant. Her catamenia had been irregular for some months past; but she felt certain that she had been unwell a fortnight ago, having taken some pains in sitting in a bath and sponging herself with hot water to bring her courses back. An elastic catheter was passed before she was brought up into the ward, and six pints of alkaline and somewhat offensive urine were withdrawn from the bladder. Fifteen months previously she had been laid up, as she believed, with "gastric fever." Her face was flushed; her tongue red, raw-looking, and inclined to dryness. Temperature 100°; pulse 140, and very feeble; respirations 30, and shallow.

Upon making a vaginal examination, the external genital organs were found to be much swollen and somewhat livid-looking; the orifice of the urethra was drawn upwards and backwards; the posterior wall of the vagina was prolapsed, and pushed forwards like a fleshy mass between the nymphæ; the uterus was enlarged and much retroflexed; the os uteri was swollen and patulous enough to admit the tip of a finger; and the whole organ, although not larger than seemed compatible with the other evidence as to the date of her pregnancy, was so much displaced from its normal position that the fundus was brought to lie against the coccyx and the os close under the symphysis pubis.

The rectum contained some scybala, and some purulent discharge proceeded from the vagina; but it was the dislocation of the fundus of the uterus backwards which had led to the shortening of the vagina, its bending upon itself, and the protrusion of its posterior wall like a fold within it.

Dr. Southey directed that a milk-and-water enema should be given in order to empty the rectum; that a catheter should be introduced again in the evening, in the probable event of the bladder not recovering tone sufficiently, after such serious distension, to expel its contents; and ordered a milk dietary, and an effervescing draught of citrate of potash with ten drops of tinctura opii every six hours.

At nine o'clock the same evening the bowels had been freely opened, and a good many scybala had come away; three pints of high-coloured albuminous urine had been drawn off without any difficulty with a catheter; and the patient was found to be altogether more comfortable.

March 24th.—Pulse 96; temperature 99°. The patient has had some sleep; does not complain of much pain unless she is moved. She lies very still on her back, with her legs drawn up. Is very thirsty. The tongue is still red and inclined to be dry. The bladder is again distended, and rises nearly to the umbilicus. Great difficulty was now experienced in introducing the catheter, for the posterior wall of the urethra had apparently given way, and the instrument, instead of passing into the bladder, re-entered the vagina. Mr. Savory, however, whose assistance had been solicited, succeeded in introducing a large prostatic catheter into the bladder, whereby four pints of urine were drawn off at about 2 P.M. The catheter was retained in the bladder by portions of tape passed round the trunk and thighs.—9 P.M.: Pulse 120; temperature 101°. Not much discomfort from the catheter; the urine dribbles away constantly by the side of it. The patient continues to take the saline with the tincture of opium, but only fluid nourishment; her thirst is excessive.

25th.—9 A.M.: Pulse 120; temperature 102°. The patient has passed a very restless night. The bladder was emptied and the catheter withdrawn. Dr. Greenhalgh, who saw her in consultation with Dr. Southey, agreed that an attempt should be made to replace the uterus; but, as the parts were all swelled and very painful, it was necessary to give chloroform. The uterus was then lifted up, and an air-bag was introduced into the vagina and distended in the hope of maintaining the fundus more *in situ* and relieving the pressure upon the urethra. Unfortunately this endeavour

was frustrated by an expulsive effort which the patient made upon returning to consciousness, by which the air-bag was forced out. At 11 A.M. she had a severe rigor; and at 3.30 P.M., as she had passed no urine since the removal of the catheter at 9 A.M., Mr. Savory's services were again enlisted to introduce it.

26th.—9 A.M.: Pulse 120; temperature 100·2°. Bladder emptied. Slept fairly; but complains of general pain over the abdomen. The knees are still drawn up; the tongue is red, but moist. She has been sick two or three times, vomiting chiefly a green bilious fluid. Has occasional hiccough.—8.30 P.M.: Pulse 140; temperature 100·4°. Three pints of high-coloured, alkaline, albuminous urine have been drawn off. The patient complained that the catheter gave her pain; that it felt as if it would come through the bladder. It was therefore withdrawn. She had taken but little nourishment; but the sedative drops appeared to ease her.

After a rather restless night she was seized with sudden, sharp, abdominal pain at 8 o'clock on the morning of the 27th, and could not for a few moments be kept in bed. Her pulse became very rapid, and scarcely perceptible; her knees were drawn close up to the abdomen. She passed at once into a state of extreme collapse, with hurried respirations and hippocratic aspect, dying at 1 P.M.

The notes of the post-mortem examination, made twenty-four hours after death by Dr. Gee, are as follows:—Breasts large, with large brown areolæ. On opening the abdomen, the anterior reflexion of the peritoneum did not reach lower down in front of the bladder than three inches below the pubes. The fundus of the bladder, cæcum, the lower part of the small intestine, the fundus of the uterus, the sigmoid flexure, and the extremity of the omentum, were all matted together by very old adhesions. A little recent lymph, with evidence of obviously quite recent peritoneal inflammation, was spread over the rest of the peritoneum. Upon breaking down the old adhesions, a sort of cavity was discovered behind the bladder and above the uterus, which contained a brown, turbid liquid. This cavity communicated with the bladder by a sloughy hole in the posterior wall of the latter. The bladder was very large and thickened; the mucous membrane was strongly injected, and presented great sloughy patches that implicated all its coats. It was dragged upwards and backwards by the enlargement and dislocation of the uterus, the lower part of it being strongly adherent to the fundus of the uterus. One slough, already noticed, about the size of a crown piece, communicated with the peritoneal circumscribed cavity above mentioned. The neck of the bladder was much elongated, and a slough upon its posterior aspect opened into the anterior wall of the vagina. The ureters and pelves of both kidneys were considerably dilated, their lining membranes not injected; the cortex of the kidneys much swelled, their structure confused and opaque; several patches, looking almost like commencing sloughs, were found upon the mamillary portion of the pyramids. The uterus was ovoid, and the os was situated at the point where the inferior surface joined the anterior and smaller end; it was patulous, admitting the tip of the little finger for three-fourths of an inch. Above that point was a mucous plug. The uterus contained a male fœtus of about four months. The pelvic cavity was occupied very tightly by the uterus and the rectum much compressed. The other viscera were healthy.

Remarks.—Dr. Southey observed that the tough adhesions found at the brim of the pelvis, above the uterus and behind the bladder, were of old standing; they might perhaps date back to some local peritonitis, induced by the gastric or typhoid fever which she said she had had fifteen months previously; but, doubtless, they had interfered with the development of the uterus in the normal direction, and must have altogether prevented its rising into the abdominal cavity. The uterus, as it increased in size, had compressed both the rectum and the bladder, and when its fundus became dislocated backwards, the cervix and os were tilted forwards, close under the pubic arch, and perhaps the pressure thus brought to bear upon the urethra and the neck of the bladder may, in the first instance, have led to imperfect evacuation of the bladder, decomposition of the retained urine, and the cystitis which she had described when first admitted. The ultimate retention of urine and enormous distension of the bladder had led to great elongation of its neck, and through the old adhesions between the lower part of the bladder and the fundus uteri, as the bladder became distended and passed up into the abdominal cavity the uterus was still further dislocated backwards, being bent no longer upon the axis of its own cervix, but upon the vaginal stem. The sloughing condition of the mucous membrane at the neck of the bladder had just implicated the urethra, and the opening of that slough into the vagina explained the difficulty experienced, in the last forty-eight hours, in introducing a catheter, since this tended to come back into the vagina.

The general peritonitis which ultimately led to her death was no doubt caused by the passage of some of the urine, first through the slough at the fundus of the bladder into the smaller cavity circumscribed by the old adhesions, and then at last into the general abdominal cavity.

GREAT NORTHERN HOSPITAL.

A CASE OF SUBCLAVIAN ANEURISM; LIGATURE OF THE ARTERY.

(Under the care of Mr. GAY.)

THROUGH the kindness of Mr. Julian Willis, the house-surgeon, we are able to give, as below, a detailed account of a case of subclavian aneurism to which we have already briefly called attention.

The patient was admitted on February 15th with double subclavio-axillary aneurism. He was formerly a sailor, but for the last few years had been a horse-keeper at a brewery, where he had occasionally to lift heavy barrels. In August last he first perceived pain in the right shoulder, attributed to rheumatism, which increased, till at length, in January, he was obliged to give up work. His attention was called to some swellings in the axillary regions by Dr. Simpson, of the City-road, his private medical adviser, about a month before his admission. When admitted, the tumours were obviously aneurismal. The one on the right side reached from the axilla upwards between the clavicle and ribs, somewhat above the level of the clavicle, and forwards within a short distance of the anterior edge of the scalenus anticus; and yielded a loud bruit, most intense where the subclavian became axillary. It was exceedingly painful on pressure—so much so, indeed, that it was impossible to manipulate either it or the contiguous parts, as in the attempt to compress the artery on the proximal side, excepting while the patient was in a state of anæsthesia. There was numbness in the arm and hand, increased by pressing the aneurism in almost any direction; great pain throughout the limb; and the fingers on that side were markedly clubbed. The man was robust and florid, with an extremely short neck, rendered shorter by the clavicle being pushed upwards and fixed by the aneurismal tumour. The action of the heart and arteries was considerably above the natural standard, and there was considerable bronchial râle on the right side of the chest, but clearness of respiratory murmur throughout the pulmonary tissue.

The patient was allowed to rest for a time, and large doses of bromide of potash were given to him. Ergotine was subsequently injected under the skin daily for the course of a fortnight; and, lastly, the aneurismal tumour was violently manipulated. These measures produced no other result than a slight subsidence of the cardiac and arterial action, and perhaps some slight diminution in the size of the tumour. At length the tumour began to increase in size, and the walls to become attenuated below the clavicle; and the pain and distress in the right upper extremity became so severe that the man prayed that anything might be done that would be likely to afford him relief. Mr. Gay accordingly determined to place a ligature on the subclavian, in the third part of its course, or rather in order that it might be removed as far as possible from the sac behind the anterior edge of the scalenus. Deligation of the first portion of the vessel was suggested, but declined on account of the invariably fatal result which has hitherto followed that operation.

The operation, rendered unusually difficult by the limited space on which to cut down upon the vessel, was performed on the 29th of March. One main difficulty in its performance arose from the fact that no pulsation could be detected in the artery during the procedure, so that when isolated

on the ligature previous to being tied, it was at first difficult to arrive at the conclusion that it was the artery that was thus exposed. The vessel might be said to have been really tied on the second part of its course.

After the operation there was a sudden subsidence of temperature on the corresponding side of the body; slightly in the upper limb, but to a much greater extent in the lower. The thermometrical difference in the axillæ was only two-thirds of a degree; and whilst the temperature of the left foot was 94½°, that of the right did not affect the thermometer. The temperature became equalised at the end of the third day, the increase commencing in the upper part of the thigh, and extending gradually to the foot. On the sixth day the temperature rose to 102°, and symptoms of supervening pyrexia showed themselves; but under the influence of a brisk purge they rapidly subsided. With these exceptions the patient went on exceedingly well for a fortnight. The several ligatures that had been placed on the vessels wounded during the operation had come away, and the wound had healed all but cicatrisation and the closure of the aperture for the ligature on the main vessel. All pain had ceased, so far as could be ascertained without much manipulation of the tumour. His appetite became good, he took a chop daily for his dinner, slept well, and began to talk of getting up. There was a somewhat remarkable rapidity in these several steps towards convalescence. The limb could be moved without pain; but no return of pulsation in either the radial or ulnar arteries had taken place.

Before admission he had been somewhat liable to bronchitis, and between that time and the operation he had had an attack in the right lung. On the fifteenth day after the operation the symptoms of this disease again made their appearance; the man became somewhat thirsty; his tongue at first became white, and then dry and furred; his respiration became embarrassed; then followed a hard cough; the pulmonary tissue throughout that side became congested, as indicated by bronchial râle through the large tubes; and he died on the 16th of April, the nineteenth day after the operation. The accession of the pulmonary disorder was, not without good reason, ascribed to the fact that his friends who came to visit him clandestinely supplied him with brandy, which he confessed he had taken raw in the absence of the ward attendants, contriving to conceal the bottle amongst the bedclothes; so that it did not appear to have been in any way connected with the operation or any of its results.

The post-mortem examination showed an aneurismal sac on the right side, circumscribed and extending from the axilla, where it was surrounded by the vessels and nerves, upwards beneath the clavicle and on the upper three ribs. It had absorbed a portion of the clavicle, and portions as well of the ribs to such an extent that entire portions of the second and third were removed, and the sac had come into contact with the pleura. The parts about the seat of operation were in a perfectly satisfactory state; the vessel was closed by the ligature which had been applied close to the neck of the sac, and by a firm clot on the proximal side as well. The blood in the sac, and down the vessel on the distal side into the radial and ulnar arteries, had become firmly clotted. The nerves and other structures implicated in, or likely to be implicated secondarily by, the operation were in a perfectly healthy state. The aneurism on the left side was of the fusiform variety. There was extensive atheroma of the large arteries; but the part of the subclavian on which the ligature was placed was exempt from the sac to the innominate. The right lung was intensely congested throughout, and the bronchial tubes were inflamed. There were no indications whatever of pyæmia.

Mr. Gay observed that the fair progress of the case, as far as the aneurism and the operation were concerned, was such as to make it highly probable that the disease which caused the man's death had no direct connexion with either the one or the other; and that, consequently, so far, the operation might be claimed to have been successful. Moreover, that this case tends to confirm Mr. Poland's assertion in his admirable monograph on "The Treatment of Subclavian Aneurism," that "ligature of the third portion of that vessel, as well as that of the second portion, may be effected with perfect safety; and that there is no fear of want of formation of clot on either side of the ligature in consequence of its proximity to the sac or to the branches given off from the artery"; and that it is either from disease in the part of the vessel deligated, which renders it unfit for the application of a ligature, or from a state of system unfavourable for a severe operation, that the real danger of such a proceeding is to be apprehended.

MOORFIELDS OPHTHALMIC HOSPITAL.

RETINITIS PIGMENTOSA IN TWO BROTHERS, THE OFFSPRING OF A MARRIAGE OF CONSANGUINITY; RARE FORM OF NYSTAGMUS.

(Under the care of Mr. SOELBERG WELLS.)

WE are indebted to Mr. Charles Gosse for the notes of the following cases.

The patients, F. P——, aged twenty-seven, and G. P——, aged twenty-six, were two brothers, whose sight had never been good. As children they suffered from hemeralopia, having never been able to see well in the evening or by a faint illumination; nor had they, for some years past, been able to find their way across any crowded thoroughfare, on account of the extreme contraction of their field of vision, which obliged them always to bring the optic axis to bear directly upon the object; but of late their sight had deteriorated very much. They were in good health and well formed; their other senses were unimpaired; and they were the only members of their family who suffered from any impairment of vision. Their parents were first cousins.

The ophthalmoscopic examination showed the greater portion of the fundus oculi to be studded with circular or reticulated patches of black pigment, in such a manner as to form a broad dark girdle which reached nearly up to the optic nerve. Most of the pigment deposits were situated in the retina, and presented the peculiar appearance so characteristic of retinitis pigmentosa—viz., black stellated figures with long spicular processes, having very much the appearance of bone-corpuscles. Between them were scattered small circular spots and long narrow black streaks running along or over the course of some of the retinal vessels, which had here become changed into thin black lines. The choroid was also extensively implicated, as was shown by the presence of numerous, though small, patches of choroidal atrophy fringed with dark masses of pigment. In both patients there was found to be far-advanced atrophy of the retina and optic nerves, and the retinal vessels were so attenuated as to be hardly distinguishable. The elder brother presented a most remarkable and rare form of oscillation of the eyeballs—viz., vertical nystagmus; his eyes moved straight up and down, not undergoing the least horizontal or rotatory oscillation. He stated that this affection had only come on during the last two years. The nystagmus became much more marked when he was excited and when the eyes were lighted up with the ophthalmoscope. The sight was very greatly impaired in both patients. The elder brother could with difficulty decipher letters of Jaeger No. 19 with the left eye, and could only see a hand moving with the right. The younger could just distinguish the movements of the hand with either eye. In both patients the visual field was almost entirely lost, being reduced to a small central area hardly measuring a couple of inches in diameter.

In reference to these cases Mr. Wells drew attention to several points of interest, but principally to the fact that the parents were first cousins. Liebreich had originally pointed out that retinitis pigmentosa frequently occurs in the offspring of marriages of consanguinity; and subsequent observations had corroborated this opinion. The disease was often met with in several members of the same family, and was frequently hereditary. The latter, however, did not appear to have been the case in these instances. The degree of atrophy of the optic nerve and retina was unusually great for such young individuals, for, as a rule, it did not reach so advanced a stage until about forty or forty-five years of age. The central vision often remained sufficiently good to enable the patient to read rather small type up to the age of from thirty to thirty-five, even though the visual field might be reduced to a minimum. But after that age the sight generally rapidly deteriorated, the atrophy of the optic nerve became more and more pronounced, and the sight was finally destroyed. Hence the prognosis was always most unfavourable in all cases of

retinitis pigmentosa. The vertical nystagmus noticed in the elder brother was a point of special interest, being (in comparison with the rotatory or horizontal oscillations) of exceedingly rare occurrence. There were indeed, Mr. Wells said, only two other cases on record, one reported by Prof. Zehender,* and the other described by himself some years ago.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 25TH, 1871.

MR. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON A SERIES OF CASES IN WHICH CHANCRES HAVE FOLLOWED VACCINATION.

BY JONATHAN HUTCHINSON, F.R.C.S.,
SURGEON TO THE LONDON HOSPITAL.

ON the 7th February thirteen persons (young adults) were vaccinated from the arm of a healthy-looking infant. All, except one, had normal vaccine vesicles, which healed well. In all, except two, indurated chancres have since developed in the vaccination scars. In nearly all, the scar began to inflame and harden during the fifth or sixth week. Several of them have two or three chancres.

The infant (vaccinifer) now has condylomata at the anus, and is beginning to waste (age six months). She is undoubtedly the subject of inherited syphilis, the taint having been latent at the time of vaccination.

None of those vaccinated have as yet shown any persistent secondary rash, but several have been feverish for a day or two, and have had transitory roseola. In all, the sores are disappearing under mercurial treatment.

The two who escaped the syphilitic contagion were the two first vaccinated, and probably they received pure lymph, whilst the others received blood as well. It is known that the vaccinifer's spots bled during the vaccination.

The inferences from the cases were—1. That the blood of a child in the latent stage of inherited syphilis is capable of producing primary syphilitic sores in its recipients, and is indeed remarkably efficient as a means of contagion. 2. That the vaccine virus itself, even when taken from a syphilitic subject, produces nothing but the true vaccine disease. 3. That the two poisons may be conveyed (in two fluids) at the same time, and may each produce its specific effects.

Dr. BAKEWELL called attention to the possibility that syphilis might be conveyed in vaccination not by blood only, but also by the mingling of epidermic scales from the vaccinifer with the lymph. He suggested also that the vaccinifer might receive syphilis from the vaccinated if the lancet that had drawn blood from the latter was introduced into the vesicle to obtain its charge of lymph.

Mr. HENRY LEE thought Dr. Bakewell's suggestion about the possible conveyance of syphilis by epithelium scales was well worthy of attention. He commended Mr. Hutchinson's courage in bringing these cases before the Society. In this country there was much difference of opinion about the production of disease by vaccination; and while many disbelieved that syphilis could be communicated by vaccine matter, their incredulity was confirmed by the official reports. There was, however, a very general belief that impure blood would be injurious; and it was very desirable that the conditions under which harm could be done should be fully made known, in order that medical men might be protected from undeserved obloquy. Mr. Hutchinson had said that if nothing but vaccine lymph were taken, even from the arm of a syphilitic child, nothing but cow-pox could be communicated. He himself would go still further, and would say that if small-pox and cow-pox were coexistent in the same subject, only cow-pox would be communicated by lymph from the vaccine vesicle. There could be no doubt, however, that vaccination might call previously latent disease into activity; and in this way it might appear to convey syphilis when it had not done so in reality. He had seen three cases in which syphilis was supposed to have been communicated by vaccination; and he thought induration of the axillary glands unusual, although possibly to be accounted for by the part of the arm on which the vaccination had been performed.

Mr. DE MÉRIC joined with the last speaker in congratulating Mr. Hutchinson upon his courage in bringing forward the facts; and thought that the paper would change the opinions of many persons who had previously been incredulous about the conveyance of syphilis by vaccination. He thought, however, it would have been better to have delayed the publication for a few weeks, in order to see whether any secondary symptoms would have appeared in the vaccinated persons. He did not believe that it would be safe to use the vaccine lymph yielded by a syphilitic subject; because the vaccine lymph was formed from the blood, and might therefore possibly become a channel for the communication of disease. At the same time, it must be remembered that the sores formed by vaccination sometimes assumed various unusual appearances; and it should not be hastily concluded that these were due to syphilis. There could, notwithstanding, be no doubt that syphilis might be communicated by vaccination; and such an occurrence had taken place in Brittany. The facts had been investigated by a commission of the Paris Academy of Medicine, and had been placed beyond all question.

Mr. BRUDENELL CARTER said that the canon of medical orthodoxy, as regarded vaccination, had hitherto been founded upon three cardinal points of belief. These were, that the relation between the vaccinifer and the vaccinated was the only human relation, that the transference of vaccine lymph was the only mode of human intercommunication, and that the vaccine lymph itself was the only human secretion, by which syphilis could not be conveyed. For his own part, encouraged by the well-known maxim of philosophy, that the multitude of people who believe in a thing do not in the least add to its credibility, he had long had the hardihood to dissent from all three propositions, and he thought that the first two, at least, had now been shown to be utterly untenable. Mr. Hutchinson still gave the weight of his authority to the last; but in doing so he surely rested a very wide generalisation upon a slender basis of fact. It was difficult to discover any reason for the distinction so much insisted upon between blood and lymph; and it was the practice of many vaccinators, after having taken the first yield of a vesicle, to wait for a few minutes until another drop exuded, a drop that could be nothing but liquor sanguinis, containing all the essential constituents of the blood, and also carrying the peculiar morbid products of the vesicle. Moreover, a few years ago, when he was in the habit of vaccinating, and occasionally sent for tubes of lymph to the Privy Council, the liquid supplied to him was always turbid, often inert, and, on one occasion, he believed, had been mingled with saliva and buccal mucus. He attributed the ordinary turbidity to over-filling of the tubes. To his mind, considering the wide diffusion of syphilis, its occasional invaccination was a matter that could only be prevented by a full recognition of the possibility of the occurrence, and by the most stringent precautions with regard to it. The chorus of "*Jen'ai jamais vu*" was alone almost sufficient to prove that those who joined in it had not turned their eyes in the right direction; and was pernicious as a cause of carelessness in the selection of vaccinifers. The public would not receive the full benefits of vaccination until the dangers connected with it were candidly admitted, dispassionately studied, and carefully guarded against.

Dr. DRYSDALE said that he had once vaccinated a syphilitic child, and had given strict injunctions that no lymph should be taken from it. He afterwards heard that it had been taken to a public institution, where his caution, although mentioned, was disregarded, and that several others were vaccinated from it.

Mr. SIMON said that the statements made with regard to the lymph supplied by the Privy Council were such as could not be substantiated. In the course of a speech of more than half-an-hour's duration he repeated the already published history of his circulars of inquiry about the invaccination of syphilis; and threw out the suggestion that the products of inflammation might be sources of danger, and that hence the use of tenth-day lymph, not infrequent upon the Continent, might be a reason why there had been more evidence of the communication of syphilis abroad than in England. He asked the Society to strengthen the hands

* Klinische Monatsblätter für Augenheilkunde, April, 1870.

of Government by expressing an opinion as to the precautions that should be observed in vaccination.

The PRESIDENT said that the hour for the conclusion of the meeting had arrived, upon which

Mr. HENRY LEE moved the adjournment of the debate to the next meeting.

Mr. BRUDENELL CARTER seconded the motion, and entered into a detailed history of the circumstances on which his statement of the quality of the lymph supplied by the Privy Council was founded.

Mr. SIMON said that he had not meant to question the statement with regard to any particular instance, but only if regarded as a general one.

The motion for adjournment was then put and carried.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 3RD, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

DR. BRUNTON read a paper "On the Co-existence of certain Acute Specific Diseases," which gave rise to an interesting discussion to which reference has already been made.

The PRESIDENT showed a case of Peribronchial Phthisis. He first ran over the current notions relative to the pathology of "phthisis," and proceeded to point out the distinctive characters of fibroid phthisis as noticed during long observation in the particular case brought before the Society. The patient was a lad nineteen years of age, who had suffered from pleuro-pneumonia, but never fully recovered, bronchitis supervening after a while, and subsequently the symptoms of breaking up of the lung. The left side contracted; the vocal thrill and bronchophony decreasing, all fever disappeared, and the respiration and pulse became normal. The microscope detected small particles of areolar tissue in the sputa, showing the existence of a small cavity in a quiescent state. The consolidation and cavity followed pleuro-pneumonia. The corpuscular stuff left after the subsidence of the bronchitis having been converted into a fibroid mass, the patient gradually returned to health with no evidence of aught but consolidation and contraction. The prognosis in such cases is favourable.

Dr. CRISP asked if hereditary tendency was observed in regard to fibroid phthisis. He thought he had observed the fact.

Mr. WEEDEN COOKE referred to the differences, as seen in the testicle, between the fibroid deposit following simple inflammation, a local affair, and tuberculous disease of the same organ, a constitutional affection.

Dr. SANSOM said he did not think that there was a pleuritic phthisis; but that phthisis took its origin in inflammation of the lung more frequently than is generally supposed.

Drs. BROADBENT and THOROWGOOD agreed with the President in his views.

Dr. ANDREW CLARK, in reply, said he could not make out any hereditary tendency in regard of fibroid phthisis, but only a history of lung weakness. The prognosis varies in the different kinds of phthisis; in tubercular phthisis, if no secondary (pneumonic) inflammation occurs, it is favourable. In pneumonic phthisis the exudation sometimes takes place extensively, the lung breaks up, and secondary deposits occur in the other lung. The prognosis is therefore grave. But it is favourable in pleuro-phthisis (fibroid), especially if albumen be absent from the urine.

Dr. MEYMOTT TIDY read a paper on "The Estimation of Sugar in Diabetic Urine." After criticising some of the ordinary tests, he suggested a modification of Vogel's. A series of solutions of four ounces each were placed on the table, containing different but known quantities of sugar, but in each the same quantity of alkali. They ranged from 0·25 gr. of sugar to 2·0 gr., and the differences in tint were marked. For experiment it was desirable to make a potash solution, containing 1 gr. of potash in every septem of water (7 gr.), and to carry out the test 10 septems of the urine were taken; to this were added 10 septems of the solution of caustic potash. This solution was to be boiled for one minute, and then diluted until the tint approached that of either of the standard solutions. If the tint was more than that indicated by 2 gr. standard bottle, it must be halved and diluted. An experiment made gave 1·25 gr. in 10 septems, = 12·5 in 100 septems, = 15·2 gr. in 700 gr., = 17·86 per 1000 gr. of urine, or about 8·3 per oz. Dr. Tidy proposed to get rid of the standard solutions by the use of tinted gelatine slips.

ORATION AND CONVERSAZIONE.

A large gathering of visitors and Fellows of the Medical Society of London was held at the Hanover-square Rooms on Monday to hear the annual oration delivered by Dr. Cholmeley, who received the hearty and well-merited applause of his audience.

After a few introductory remarks, the orator said that, as the Society would so soon be called on to celebrate its centenary, it seemed very desirable to look back, and get some clear knowledge of its labours in past years; and that, therefore, following the lead of the able orator of the previous year, he proposed, from the copious records of the Society's proceedings, to show how its Fellows had, through it, worked for the advancement of therapeutics and the science of medicine, at the same time showing the progress made in these since the Society began its labours. He then gave numerous proofs from the Minute-books of the Society's proceedings, from 1773 downwards, of the early and careful appreciation of new remedies; also how in the very earliest years of the Society's existence there occurred notices of the value of modes of treating some diseases, which modes had been almost or quite forgotten, and had of recent years been again brought forward—as the treatment of scarlatina by carbonate of ammonia, typhus by nitro-muriatic acid and stimulants, and acute dysentery by ninety-grain doses of ipecacuanha powder. And he spoke also of the former use and the real value of venesection, and its abject abandonment of late years. He then pointed out how the Society has always been open to communications on every department of the vast field of medical science, showing itself to be a catholic society of medicine; and, having claimed for it, on the strength of its records, no mean share in stimulating and fostering the progress medical science had made, he pointed out the heavy responsibility that lies on its present Fellows of keeping up its fame and reputation. He then gave a very brief summary of the proceedings of the Society of late years, and after remarking on the variety, scope, and value of the subjects which had been brought before it, and on the eminence of the men who had introduced and of those who had discussed them he observed that as it was in its early days so now, the Medical Society of London is a great catholic medical society. As earnest workers in the various departments of medical science have multiplied, they have required more space and more consideration for their special fields of work than this Society could afford them, and hence other and special societies—Medico-Chirurgical, Pathological, Epidemiological, Obstetrical, Clinical—have gradually arisen; this being an inevitable consequence, and the strongest proof, of the progress and increase of knowledge. But still come workers in each and every department to the old Society, which still receives communications from all, and gives them all the best and truest of welcomes, the welcome of earnest, intelligent attention, and of frank, skilled criticism,—facts which warrant the assertion that the Society is, *κατ' ἐξοχήν*, *the* Society of Medicine of London. And they who are now Fellows of it, while they can look with just pride on its past career, have reason to trust that they have not allowed its honour to be tarnished, its fame to be dimmed, or its vigour and usefulness to wane and lessen; and looking onwards to its future, they may feel a confident assurance of the fulfilment of their loyal prayer, "*Floreat semper.*"

After the delivery of the oration a *conversazione* followed, at which a number of interesting objects were exhibited, including the celebrated etching of Mr. Seymour Haden, "The *Agamemnon*," Japanese enamels and ophthalmological instruments (including Burke's reflecting ophthalmoscope, Wecker and Roger's prismatic ophthalmoscope for two observers, Perrin's artificial eye, &c.) by Mr. Brudenell Carter, surgical instruments, microscopic preparations, and chemicals by Messrs. Matthews, Krohne and Sesemann, Ross, Walker, Barraud, Ernst, Pratt, Young, and others.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 28TH, 1871.

DR. W. W. GULL, PRESIDENT, IN THE CHAIR.

DR. GREENHOW read "A Case of Diphtherial Paralysis treated with Faradism." The patient, a female, aged twenty-six, one week after subsidence of diphtheria, showed symptoms of paralysis, which took the following order: palsy of velum palati, vision troublous, numbness of the left and afterwards of the right lower extremity, deadness and loss of power in fingers, incontinence of urine, vomiting, occasional vertigo, palpitation and dyspnœa, with constriction feeling in the chest and abdomen; then loss of power in lower extremities, and partial deafness. On admission, her legs were emaciated, and she was only able to stand imperfectly. She could use her hands but little. There was some tenderness, on pressure, over the left sciatic notch. There was anæsthesia of the legs, and the electro-muscular contractility was impaired. She was treated by the application of faradism alone, and in twelve days she could dress herself. In twenty-one days the normal electrical reaction was established in the legs, and she could walk a little. On March 14th, two months after admission, she left the hospital well. Dr. Greenhow, whilst acknowledging that the large majority of cases of this kind get well under any kind of tonic treatment, entertained no doubt that the treatment here adopted expedited the recovery. He did not attempt to determine the precise pathological cause of the disease, but suggested the occasional existence of neuritis as worthy of attentive consideration in this relation.

DR. ALTHAUS said that the pathology of the disease was very obscure, and that neuritis often existed. He inquired if the cervical sympathetic had been examined, and said that the results of pressure on the sterno-mastoid and of a galvanic current through the cervical sympathetic were most marked, and that swelling of submaxillary glands was sometimes a symptom of incipient paralysis.

DR. HUGHLINGS JACKSON asked Dr. Greenhow if he had been able to determine anything as to the kind of defect of hearing in his patient, and if he had grounds for inferring that the ear affection was a symptom of the same order as the eye affection—if it could be attributed to palsy of small muscles within the tympanum. He (Dr. Jackson) had heard of defect of hearing in but one case of diptheritic paralysis; the patient, a well-educated medical man, said that the defect was very trivial, but that it was enough to "render music unintelligible." There was seemingly in this case a loss of accommodation, so to speak, for successions of sounds. Dr. Jackson particularly wished to ask Dr. Greenhow if his very large experience enabled him to say that a slight degree of deafness occasionally occurred as one symptom of the series in diphtheritic paralysis, and, if so, in what order it occurred.

DR. BUZZARD suggested that the occasional occurrence of paralysis after diphtheria affecting, not the throat, but the conjunctiva and other remote parts of the body, militates against the view taken by Remak and others, that the superior cervical ganglion of the sympathetic, from its proximity to the pharnyx, is the seat of a change which gives rise to the various symptoms of paralysis.

DR. WILKS had seen cases in which genuine paralysis existed, though the throat was almost imperceptibly affected.

THE PRESIDENT said that, as fatal cases occurred, it was well worth while to obtain pathological experiences of the disease, and that, according to his own knowledge, the examination of the cord was far more valuable when it was fresh than when it was hardened in spirit.

DR. ANSTIE asked Dr. Greenhow what view he took of the causation of the neuritis, which he considered had occurred in this case. Did he think that in diphtheria the whole mischief radiated from the spinal cord, or did he think that the paralysis was the consequence of a neuritis migrans (comparable to that described in the very interesting paper of Leyden on Reflex Paralysis) passing inwards to the cord from the local throat affection, and causing a more or less diffused myelitis, which exhibited itself in paralysis and pain of the various nerves?

DR. GREENHOW, in replying, said that he had formed no opinion as to the pathology of the disease; that there was tenderness along the course of the cervical sympathetic; that hearing, as far as he knew, was not sensibly affected; and that he had no experience of diphtherial paralysis in other parts of the body in the absence of throat affection. He suggested the neuritis theory to elicit discussion. Paralysis of the upper occurred before that of the lower extremities, and in these cases the pulse fell from 120 or 100 to 40 in a very short space of time.

DR. GULL brought before the Society a case of Accumulation of Hair in the Human Stomach, occurring in the practice of Dr. Godfrey, of Enfield, the circumstances of which were similar to those of one reported by Dr. Best, of Louth, in the *British Medical Journal*, December, 1869. In the present case the patient was a married woman, aged thirty-two, mother of three living children, aged respectively eleven, nine, and four years. Her children and friends had never noticed her to swallow hair, or to be strange in her mind or manners. She was affected with constant vomiting for about seven months before her death. The final circumstances were these:—She was pregnant with her fourth child. On January 27th, 1871, labour began, and a seventh month fœtus was born. The birth of the child was followed by peritonitis, and death after two days. On a post-mortem examination there was perforation of the duodenum, and the stomach contained a large mass of human hair and string, which extended through the pylorus into the duodenum. The hair was of three colours, corresponding with that of her own head and of her children. Dr. Gull drew attention to the similarity of these cases, as showing that there was some common cause for them, and suggested that they might probably depend upon some all but extinct instinct which shows itself in some of the lower animals. It appears that certain breeds of cats are apt to commit involuntary suicide by swallowing the hair of their coats, and most museums contain hair-bezoars of different kinds, from horses and cows.

DR. HABERSHON quoted a similar case in which a mass of hair had formed a complete cast of the stomach. In this case the patient died from peritonitis.

DR. LANGDON DOWN referred to a case brought before the Pathological Society five years ago; that of an idiot boy who was employed in mattress-making, who died from obstruction and peritonitis, and in whose jejunum a great mass of hair was found. Several cases that had occurred on the Continent were recorded by Crispe.

MR. COOPER FORSTER suggested that the smell of grease might possibly induce women and children to nibble their hair.

DR. WILKS thought the discussion instructive, having regard to Darwinism.

DR. WILTSHIRE quoted the old story of the Dutchman who swallowed the knives.

MR. DE MORGAN related a case of hair swallowing which fortunately terminated favourably.

DR. CHURCH gave a brief account of a woman who swallowed pins.

DR. GREENHOW then read for Dr. Henry Thompson notes of a case of Diabetes treated with opium. The patient, aged thirty-five, exhibited well-marked symptoms of diabetes. Eighteen months before admission into the Middlesex Hospital he began to pass large quantities of urine, and, during the last six months, his lips and teeth stuck together in the morning, and a viscid secretion exuded from the roof of his mouth. His tongue began to darken, and eventually became black. Seven or eight weeks before admission he perceived a peculiar saccharine taste in his mouth, and his sight grew dim. When admitted, he had a densely-coated blackish tongue, feeble gait, and desponding aspect. Passed eight pints and a half of urine in the twenty-four hours, of specific gravity 1042·5, the total amount of sugar being 6·095 grains. He had persistent headache, pains in the loins, intense thirst, ravenous appetite, occasional hæmoptysis, night-sweats, sponginess of the gums, and looseness of the teeth. The patient was treated with large and repeated doses of opium for six weeks, given in the compound soap pill, the solution of morphia, and Battley's solution, until the daily quantity amounted to twelve or fourteen grains, when it was discontinued on account of intense headache. The opium treatment resulted in a diminution of the flow of urine and the amount of sugar, but no change occurred in the specific gravity or in the general symptoms until a fortnight after the opium was abandoned. He then

improved, and lost the distinctive diabetic expression. Dr. Thompson hence concluded that the opium treatment was not beneficial, and ascribed the improvement to other remedies, to a well-regulated diet, and to favourable sanitary conditions.

Dr. GREENHOW remarked that the case came into the Middlesex Hospital shortly after the opium plan of treatment was introduced by Dr. Pavy.

Dr. PAVY regretted that more precise particulars had not been given as to the actual quantity of opium prescribed, or the quantity of urine eliminated, and remarked that the examination of the patient should, in all these cases, be conducted with very great care, as the least transgression in diet influenced health to a very great extent. Patients suffering from diabetes exhibited a great tolerance of opium, and opium controls the disease by diminishing thirst, as well as the quantity of water and sugar eliminated. Codia acts altogether better than opium, and coma is the natural termination of diabetes.

Reviews and Notices of Books.

The Treatment of Surgical Inflammations by a New Method, which greatly Shortens their Duration. By FURNEAUX JORDAN, F.R.C.S. Eng., Surgeon to the Queen's Hospital, and Professor of Surgery at the Queen's College, Birmingham. pp. 160. London: Churchills. 1870.—This book is an expansion of the views brought by the author before the Royal Medical and Chirurgical Society in 1869, when they were not received with much favour. Mr. Jordan is a disbeliever in the control exercised by any drug over inflammatory action, which he maintains is, in every situation and under all circumstances, of an identical character. In vigorous counter-irritation to the neighbouring skin Mr. Jordan believes that we have a most potent remedy for all inflammations, particularly if the counter-irritation is "established over the next, or another, or an independent vascular trunk or territory." The work is illustrated by fifteen lithographic plates showing the extent of application of iodine paint and other counter-irritants. From lack of experience of the method, we cannot venture to give any opinion of its utility; but we would venture a doubt whether private patients would submit to the very free counter-irritation depicted in these drawings, and especially in the situations pourtrayed in Plate 15. It would require, we imagine, some strength of mind and faith in the remedy to apply a large circular blister to the nates of a delicate patient suffering from uterine inflammation! Upwards of a hundred cases are briefly recorded in support of the practice here inculcated, and we must leave to the experience of the profession to decide as to its real value.

The Public School Latin Grammar. For the use of Schools, Colleges, and Private Students. London: Longmans, Green, and Co. 1871.—When, some five years ago, the Public School Latin Primer made its first appearance, it raised much controversy. The testimony thus indirectly borne to the interest with which educated Englishmen regard the study of Latin was pointedly expressed by one of the keenest critics of the Primer, the Right Honourable Robert Lowe to wit, who justified his mingling in the fray by premising that every English parent must be more or less concerned in the merits of the Latin Grammar placed in his son's hands. We share in this opinion; and while we have never failed to advocate the introduction of physical science into our schools, we have always insisted on the importance of Latin as an element of liberal education. Apart from its value as a vehicle of written and even spoken discourse, we hold, with Sir William Hamilton, that the study of language in general, and of Latin in particular, is, "if conducted on rational principles, one of the best exercises of an applied logic." A careful perusal of both Primer and Grammar has convinced us of their superiority to the same class of school books previously in use. The first part of the book—that devoted to the Etymology—is, it strikes us, better done than the second—that on the Syntax. At any rate, features of greater novelty as well as of greater use have been introduced into the former. The system of stem-flexion is very clearly given. Under the Syntax, on the other hand, there is perhaps an excess of classification; that is to say, rules are subdivided where a more philosophical exposition would supersede the necessity for it. This, however, is but matter of opinion. In matters of detail, again, we are not always disposed to agree with Dr. Kennedy. For example, at page 274 (8) he tells us: "A particular form of the Contained Accusative, largely used by poets, occasionally by prose writers of the Silver Age, is the accusative of Respect, also called Accusativus Partis, because it defines more nearly the *part affected* of the object." This is stated too absolutely. Prose writers of the Golden Age use this construction. Cæsar (or Hirtius, it matters not which) has, Bell. Afric. 78, 10, *caput ictus*, and, 185, 8, *brachium percussus* (ed. Nipperdey). Again Livy 21, 7, 10, has (ed. Weissenborn) *femur ictus*; 27, 37, 12, *virgines longam indutæ vestem*; 34, 23, 2, *imploratos auxilium* (a rather odd passage, it must be owned). Such statements as this of Dr. Kennedy serve at once to prove and to explain the defects of our Latin lexicons, where "classical," "post-classical," &c., are used with a dogmatism not justified by the Latin writers. Perhaps the best part of the Grammar is the Prosody. So excellent is it that it is well worth printing separately. In the Appendix (also, we presume, from Prof. Munro) there are rules and examples given for the pronunciation of Latin. Our Scotch friends may be pardoned for feeling a slight exultation on finding their (which is also, substantially, the continental) mode of pronouncing it supported by a scholar who, more than any English contemporary, is entitled to take rank with Lachmann and Halm. We have only to add that the work makes admirable use of Comparative Philology as a guide and auxiliary in teaching Latin, insomuch that, supplemented by such a French Grammar as Brachet's (Clarendon Press, 1870), the reader may master the principles of that science as they are exemplified in the group composed of the Latin and its modern derivatives. How important an initiation in such principles becomes to the philosophical naturalist need not be impressed on the reader of Darwin.

A Manual of Midwifery. By ALFRED MEADOWS, M.D. Lond. Second Edition, revised and enlarged. Illustrated with numerous Engravings. London: Henry Renshaw. 1871.—Those who read the first edition of this work will bear us out in thinking that Dr. Meadows's manual forms one of the most convenient, practical, and concise books yet published on the subject. It was especially good as a student's manual, and the author has, in his second edition, sought to make it of equal value to the practitioner. The part which treats of obstetric operations has been well revised, and has received numerous additions, and the several chapters on Unnatural and Complex Labours likewise comprise much new matter. Upwards of ninety new engravings have been inserted in this edition, and, with a view to facilitate reference, the author has furnished it with a very full and complete table of contents and index. We can cordially recommend this manual as accurate and practical, and as containing in a small compass a large amount of the kind of information suitable alike to the student and practitioner.

An Analysis of One Hundred and Forty Cases of Organic Stricture of the Urethra, of which one hundred and twenty were submitted to Holt's operation and twenty to perineal section. By JOHN D. HILL, F.R.C.S., Surgeon to the Royal Free

Hospital, and Assistant-Surgeon to the Royal Orthopædic Hospital. pp. 59. London: J. and A. Churchill. 1871.—This pamphlet is a reprint of a paper read before the Medical Society of London, and forms a valuable contribution to the literature of stricture. Mr. Hill very justly upholds Mr. Holt's method, since in 120 cases he had only two deaths, one of which was really independent of the operation. Of the twenty cases of external urethrotomy also he was fortunate enough not to lose one. The cases have been carefully recorded and tabulated, and Mr. Hill's experience cannot fail to be of service to other surgeons having this very common form of malady to treat.

Essays on Darwinism. By THOMAS R. R. STEBBING, M.A., late Fellow and Tutor of Worcester College. London: Longmans, Green, and Co. 1871.—The author of these essays—several of which were read as papers before the Torquay Natural History Society and Devonshire Association—occupied a high position for scholarship and ability at Oxford. He is a thorough-going Darwinite, possesses plenty of what may be termed intellectual and moral courage, and says what he has to say clearly and well. Whether his readers will agree or not with his conclusions will materially depend upon the position they consider Mr. Darwin and his school to occupy. The earlier essays are the best in the volume, those at the end, having evidently been hastily put together, are sketchy in character, and not so well reasoned out.

A Handy Book on Food and Diet in Health and Disease. By CHARLES A. CAMERON, Ph.D., M.D., Professor of Hygiene at the Royal College of Surgeons, Dublin, &c. London: Ballière, Tindall, and Cox. 1871.—We need not say much about this little book beyond declaring that it seems to us to fulfil the promise in its title. It is a cheap and plainly written book on food and regimen adapted for popular perusal. It contains a very succinct account of the nature and functions of food, of the composition and nutritive values of different kinds of diets and foods, and of the different methods of cooking, &c., with the results (briefly) of the more recent investigations of chemists and physiologists into the relation of food to energy, accompanied by some unpretentious but useful observations on digestion, dietetics, and so forth.

Public School Reforms; a few Remarks and Suggestions on the Mental, Moral, and Physical Training of Youth. By M. A. B. London: L. Booth, Regent-street.—At the present time, when an unusual amount of attention is being given to the question of public school training, this pamphlet will be read with interest. It speaks of the importance of keeping alive home associations, of the dangers associated with putting the code of "honour" in the place of that of "truth," of the necessity of regulating play and athletic exercises, and of the appointment of an officer to superintend the sanitary condition of dormitories, the ventilation of the school-rooms, and the clothing of the pupils. We entirely agree with the writer on the propriety of teaching physiology. There can be no doubt that both boys and girls would be more healthy, morally and physically, if they were not kept so much in the dark concerning the various organs of the human frame, and their respective functions.

The Monthly Microscopical Journal. Edited by HENRY LAWSON, M.D. No. XXIX. May, 1871.—This number contains (1) a brisk little essay by Mr. Parker, on the Mode of working out the Morphology of the Skull, which furnishes some valuable hints to original investigators; (2) an important paper, by Mr. Charles Cubell, on Linear Projection, calling attention to the imperfect manner in which illustrations of natural objects are usually delineated; (3) a Description of the Optical Appearances of Cut Lines in Glass, by Henry Slack; (4) Object Glasses and their Definition, by Mr. Wenham; (5) Transmutation of Form in certain Protozoa, by Metcalfe Johnson; (6) Microscopical Examination of two Minerals.

Foreign Gleanings.

SUBLIMATE AND COMMON SALT IN SUBCUTANEOUS INJECTIONS.

Dr. STERN was apprised by Mr. Müller, chemist in Breslau, that corrosive sublimate and common salt combine chemically, and form a soluble compound which does not precipitate albumen. He forthwith tried the fluid for hypodermic injections in syphilis, and used the following solution:—Two parts of sublimate and from twenty to twenty-six parts of common salt to one thousand of water. No heat or pain is felt, and abscesses do not occur. The same physician found that he could with advantage administer the bichloride internally, in the following manner: From the fifth to about half a grain of corrosive sublimate, and from half a grain to one grain of common salt, may be dissolved in five ounces of water; the whole to be taken in two days. *L'Imparziale*, April 16th, 1871, says half a grain to one grain of common salt, but this must be a misprint (two to four centigrammes). Grammes were probably meant, making from thirty grains to sixty grains of common salt. No syrup should be added, and no acid or saccharine food be used. The author states that fifty-one cases were thus treated successfully, and that the syphilitic ulcers healed rapidly by the topical application of this solution:—Two hundred parts of water, one part of sublimate, and ten of common salt.

HYDROCELE IN THE FEMALE.

Dr. Bennett has published such a case in the *Med. Record*, No. 114, 1870:—"The tumour had been considered of a hernial nature by several surgeons; but Dr. D. Bennett, finding that it did not return into the abdomen in the supine position, and that the tumour did not feel doughy, but rather gave the sensation of a fluid, considered it, though not found transparent, as a hydrocele of the round ligament. The swelling was punctured with due care and precaution, and clear serum was obtained. Subsequent injections of iodine led to an eventual complete cure.

A TREBLE AMPUTATION.

Dr. Marten of Horde, Germany, relates in the *Allg. Cent. Zeit.* of Berlin (March 25th, 1871), the case of a girl, aged ten years, who was run over by a railway train. The right hand, the left thigh, and the right knee were completely crushed. The surgeon at once amputated the right forearm, the left and the right thigh, the patient being under the influence of chloroform. Very little blood was lost. In three months all was cicatrised, after some trouble with conical stumps, and a little slough from crushing. On the patient's sacrum a small tumour was found, which was no other than a *cured spina bifida*. A little bed-sore had formed here, which, however, was soon closed. The child, being in good health, was given an artificial arm. She usually managed to glide along the floor of the ward, and was just going to have casts taken for artificial lower extremities, when she unfortunately took the hæmorrhagic small-pox, and died in three days, about five months after the accident.

SPOON-FEEDING.

Dr. Fürst has published a pamphlet on this subject in Leipzig, wherein he gives good advice to mothers. To judge of the success of this kind of feeding, the author gives the following criteria:—At birth the child weighs from about six pounds and a quarter to eight pounds, the first for girls, the second for boys. During the first three days the infant loses about four ounces, but recovers its original weight about the ninth day. The child should, in the first four months, increase from 300 to 375 grains per diem, and later only from 150 to 225 grains. At twelve months old a boy should weigh twenty pounds, and a girl about eighteen pounds and a half. If the child is far below the averages just mentioned, the assistance of a medical man should be requested.

THE LANCET.

LONDON: SATURDAY, MAY 6, 1871.

WE recommend to the Fellows of the Royal Medical and Chirurgical Society the following considerations, which might with advantage have more conspicuously guided the recent, and which we would fain hope will very decidedly influence the adjourned, debate on Mr. HUTCHINSON'S cases of alleged vaccino-syphilis.

In the first place we would urge that, from a scientific point of view no less than from considerations of expediency, it is necessary to require the production of very stringent proofs before admitting the syphilitic character of the sores produced by these vaccinations. As to expediency, we need hardly say that it is a most serious, and if needlessly done a most criminal, act, to let loose among the public the terrorising idea of possible syphilisation through vaccine. The example of Paris is before our eyes. The French scientific *dilettanti* frittered away the confidence of the public in vaccination by long-winded debates on a supposed epidemic of vaccino-syphilis, which turned out to be a complete mare's-nest. And the consequences have been terrible: vaccination was completely neglected, and small-pox has scourged Paris in a manner that reminds one of the mediæval plagues. That a very similar series of events would occur in this country if once the official declaration of a representative Medical Society confirmed the existence of a genuine vaccino-syphilis, we can have little doubt from the mischief which has been already accomplished even by the rash and ignorant assertions of a few medical men who possess not the least scientific knowledge of the subject. All this is no reason for concealing the fact of vaccino-syphilis, if fact there be. But it does throw a most heavy responsibility, which we feel it our duty to point out clearly, on those who bring forward alleged instances of the disease; and the least vestige of scientific levity, or of a tendency to accept inadequate proof, ought to be visited with the sharpest reprobation.

So much for the question of expediency; and now as to the question of fact. We are not aware that, so far, any decisive evidence has been produced that could prove the sores in question to be syphilitic. For our own part, we know of *no characters whatever* that would prove the syphilitic nature of any sore on the arm following an irritant wound, unless there were clear constitutional symptoms of syphilis. The most experienced syphilogue in the world has no right to affirm, from the mere aspect of any sore following an irritant wound, that it is syphilitic. Such sores are constantly observed, presenting the hardened base and the peculiar margin which are seen in the indurated chancre, and cicatrising precisely in the form of the "fungoid" eminence or "bouton" which follows the true syphilitic sore; and yet the observer knows that the primary lesion could not by any possibility have been syphilitic, and he finds that no constitutional symptoms follow it. Such was the nature, most unquestionably, of the sores produced by those unhappy vaccinations in Brittany in 1866, which caused such a terrible hubbub, and produced the disastrous debates in the Académie de Médecine. And we have been independently informed by three different London practitioners, who have been largely engaged in vaccinations during the past six months, that a comparatively common phenomenon of vaccination has been the formation of an extremely ugly-looking sore, which exactly resembled a syphilitic chancre, both in the open and the healed state, but which (out of some score of cases) entirely and perfectly subsided without a vestige of evil result, though several months have now elapsed. This is only a corroboration of what we ourselves have repeatedly witnessed in former days. Now, at present, Mr. HUTCHINSON'S cases have presented no more diagnostic phenomena than the above, *plus* a certain amount of roseola (of itself by no means distinctive) and a doubtful amount of "headache and pains in the limbs" in two or three cases. Assuredly, something much stronger than this is needed; and we hold that the Medical and Chirurgical Society will gravely fail in its duty if it admit the syphilitic nature of these affections without a far more cogent proof.

The other point, to which we would draw the attention of the general profession and of the public as strongly as that of the Medico-Chirurgical Society, is this: that, even supposing it shall ultimately appear that very rare instances of true syphilis from vaccination do occur, there is every probability that the accident would be found to depend on the accidental admixture of the blood of the vaccinifer with the lymph. Such an occurrence is the result of culpable carelessness, and will become impossible when once a proper amount of knowledge and a sufficiently conscientious spirit of carefulness have been diffused among the profession. Even if it does at present with extreme rarity occur (which is very far indeed from being proved), it affords no argument whatever against vaccination; it simply illustrates that want of perfect education as to the requisites for first-class vaccination which makes a few practitioners still careless enough occasionally to take up blood as well as lymph from the vaccinifer. The danger, even if it exists, is already infinitesimal, and will shortly be removed altogether.

On every ground, then, the members of the Medico-Chirurgical Society lie under the duty of exercising the utmost caution in dealing with the facts before them. On the one hand, if the generally syphilitic nature of these affections be proved, and the possibility of gross carelessness (like that of using a lancet befouled with syphilitic matter from some other source) absolutely excluded, a very singular and novel fact in pathology will have to be recorded, and a possible though extremely minute danger will be shown to attach to vaccination; but unfortunately the public will probably make the worst and most senseless use of the information. On the other hand, should it turn out that the sores were not syphilitic at all, the Society has it in its power to do a most valuable service, both to scientific pathology and to public health, by exposing the deceptive character of an apparently alarming incident.

ALL the medical practitioners of the country have the deepest interest in the way in which the administration of medical charity at hospitals and dispensaries is conducted. Sometimes it seems almost as if the mode of administration was aimed directly as a blow to the work of general practitioners in the neighbourhood of the hospital. Thus it was reported to the Committee appointed to inquire into this subject, and has also been reported to us particularly in a letter, that at one hospital in the north of London a rule obtains of giving special letters to patients for the small sum of half a crown, which letters entitle the possessors of them to precedence of the general patients of the hospital, and of course to the advice of some consultee of recognised standing and reputation. These letters are good for a considerable period—a month at least. We need not say that they are extensively bought by the small tradesmen of the neighbourhood, to the utter disparagement of the value of medical services, and to the direct injury of the general practitioners about. Even where this does not obtain, it is evident that the wholesale and facile way in which all comers are accommodated with advice and medicines at our metropolitan hospitals and dispensaries is fraught with injury to the general practitioner. As regards the interest of the consulting practitioner in a reform of the administration of the out-patient department of hospital and dispensary work, it is equally obvious. He is at some of our large hospitals—we had almost made up our minds to say—a beast of burden. He goes through five or six hours of the most exhausting, unsatisfactory, and unprofitable work that can be imagined, and is expected to do this for years in the hope of future fame and favour, when perhaps the enjoyment of them is impracticable. Moreover, we only do medical practitioners justice—whether general or consulting—when we credit them with an interest in this huge question as one deeply affecting the character of the working classes of the country. If the working classes have any true friends, they are to be found in medical practitioners, who probably know more of the genesis of poverty and the needs of a working man than any other class in the community. Medical men have also done more for the working classes for nothing, and more hard work for inadequate pay, than any other body of men. They cannot, therefore, be insensible to any reform which aims at having them better attended to medically, and at the same time saving their independence and self-respect.

But here is the strange point, that, all this being true, the body of the profession has unquestionably, up to this point, not supported this movement as might have been expected. There are, indeed, two strange points to which to-day we invite the attention of our readers: first, that an inquiry into the working of our medical charities should have been so long delayed; and, secondly, that having been undertaken, it has not been backed by the personal and pecuniary help of the profession. At the late meeting, some six hundred invitations were issued, and only about sixty gentlemen attended. And up to last week it looked very much as if Dr. MEADOWS would be left to pay a great part of the expenses of this inquiry himself; which would, of course, be both fatal to the cause and discreditable to the profession.

The lukewarm, and the supreme critics who look contemptuously down upon all attempts to amend the old pauperising order of things at hospitals and dispensaries, seem to feel some slight satisfaction at the apparent apathy of the profession, and at the Committee having all its hard work for nothing, with the prospect of the pleasure of having to pay for it. Now, we have to ask each member of the profession to show its earnestness in this matter promptly, by at once transmitting to Dr. MEADOWS a substantial subscription, which need not be large; so that all the expenses of the old Committee may be liquidated, and that the new Committee, which has to bring the question under the notice of the Poor-law Board and of the governing bodies of hospitals and dispensaries, may feel that they have the profession at their back. We know what the small subscription of medical men can do when they once realise the importance of a question and their power to help. A striking instance is fresh in our recollection. The Birmingham petition cost about £600. At first money came in only in driblets and odd shillings. The enemies of reform were glad, and pointed out how little the profession cared for any change. But the scandal was pointed out by us; money flowed in abundantly, and the petition remains an historical fact in the annals of medical reform. This question of out-patient and dispensary reform is quite as important to the profession and the public. Let it not die out for want of help.

The fact is that medical men lately, especially general practitioners, have had no time or energy for attending meetings. But it is in their power to give this movement a successful impulse by now helping the Committee and giving them funds with which to work. Much can be done by the profession to promote the proposed reform; at all events it can abolish free dispensaries if it chooses to do so. At any rate let us have the question well ventilated. The public will be ultimately guided by medical men; and if they strengthen the Committee just appointed in averring that the great bulk of the work done in the out-patient department of hospitals can be better done upon provident and self-respecting principles, or by a more perfect Poor-law system, and that a change of this kind is demanded by the profession itself, the great reform will be accomplished. We shall have to work for the poor as we have now; but it will be with more pleasure to ourselves and with more profit to them. On the other hand, if the profession stands aloof and withholds its help, we cannot expect any good to result.

IT cannot be said that the Government have fulfilled their promise to embody the recommendations of the Royal Sanitary Commission in the Bill which has been introduced by Mr. GOSCHEN for amending the law relating to rating and local government; and it is unfortunate for the cause of sanitary reform that it should be almost necessarily mixed up with questions of local government and taxation involving the bitterest party strife. There is, we believe, no hope whatever of Mr. GOSCHEN's Bill passing into law this session, and we presume therefore that at least another year will elapse before any genuine attempt will be made to improve the sanitary administration and consolidate the

incongruous mass of sanitary law. Perhaps the delay is inevitable. We have had enough of piecemeal legislation. We have specific Acts of Parliament for removing nuisances and providing sewers — for lodging-houses, work-rooms, baths and washhouses, prevention of diseases, and the like; and we have left them to the permissive discretion of vestries, town councils, boards of guardians, improvement commissioners, and local boards; and the action of these variously constituted bodies is further confounded by inconvenient areas of administration, by overlapping districts and conflicting powers, and by local jealousies, the whole being joined in one common bond of ignorance. It has long become clear that the true mainspring was wanting, in the shape of a definite local authority acting under the guidance of an intelligent central power. It is this want which Mr. GOSCHEN'S Bill seeks to supply; and, after a careful perusal of it, we feel bound to acknowledge that it shows evidence of statesmanship; and if on some important questions it fails to satisfy our views, it nevertheless is based on principles which present the prospect of stringing together the heterogeneous materials of which our many governing bodies are now composed, of settling definitely the areas over which they will in future act, and of defining the principles which should guide them in the execution of their labours, whilst it will consolidate the central authority in a single minister of local government endowed with a certain power of direction and control.

It is not our intention to review all the provisions of the Bill. We desire rather to direct attention to points bearing upon professional interests; and we would observe, generally, that it is evident that Mr. GOSCHEN has not paid the same attention to the sanitary clauses as he has to those relating to rating and local government. The sanitary authority is left exactly where it was. No fresh responsibility is thrown upon it; no new powers are given to it. The only obligation mentioned in the Bill is that every sanitary authority shall provide an apparatus for the disinfection of clothes or other articles, with a proper carriage for the conveyance of infected persons, and hospitals to which the infected may be removed. There is a conspicuous absence of every recommendation of the Royal Sanitary Commission for improving our sanitary machinery. There is no registration of disease; no extended definition of the words "nuisance," "house," &c.; no additional powers for the coercion of ignorant and selfish landlords; no fresh means of dealing with ill-constructed and unhealthy dwellings; and, above all, there is no mention of a medical officer of health, and, of course, there is no definition of his powers and duties, or of his relation to the central authority. We might have forgiven the omission of the one sanitary clause for providing disinfecting apparatus, ambulances, and hospitals. These might have been left with comparative safety to the common sense of a local board, instructed by an intelligent and independent officer of health. But to have left the appointment of that officer in its present unsatisfactory state is simply a proof how imperfectly Mr. GOSCHEN has apprehended the subject of sanitary reform. We regard the compulsory appointment of a medical officer of health as the backbone of any practical sanitary measure. What is the use of summoning a dozen farmers, no matter how well disposed they may be, to consider questions of public health without at the same time ensuring the attendance of the only man in the district who is capable of telling them what their duty really is? Or can it be supposed that local boards, composed of pettifogging tradesmen and interested small house-owners, will suddenly reform themselves without the importation of some better independent knowledge? There is absolutely no hope of it without the addition of a medical officer of health. It is alone through him that the local and the central board will obtain the materials from local registrars, inspectors of nuisances, Poor-law medical officers, and others, upon which a true judgment can be formed as to the causes affecting the health of the district. The medical officer of health will also be the medium of connexion with the central power; and he is to ascertain and certify the causes of death in cases in which it is not otherwise medically certified. As the Royal Commissioners observe, too much importance cannot be attached to these services; and it is, indeed, disheartening to find that, after such an elaborate inquiry and such irrefutable testimony, a Bill should be brought in which, in respect of sanitary improvement, is like the play of "Hamlet" with the principal character left out.

There are other points to which we shall direct attention at a future time. Suffice it now to say, that we hope the Bill will be remitted to a Select Committee, for the purpose of enabling the Legislature not only to ascertain the difficulties surrounding the questions of rating and local government, but to give practical effect to at least this one point of the Royal Sanitary Commissioners' report.

Medical Annotations.

"Ne quid nimis."

THE COUNCIL OF THE COLLEGE OF SURGEONS.

ON this day two months the annual election to the College of Surgeons will be held, when there will be four vacancies to be filled up, owing to Mr. Cock's election having stood over from last year. The other retiring members of Council are Mr. Lane, Mr. Busk, and Mr. Le Gros Clark, unless, indeed, Mr. Solly's health should determine him to retire in favour of an old colleague, and thus save Mr. Clark for another year. We have not been informed of Mr. Cock's intentions, but we should hope that he will have the good taste to join Mr. Lane in gracefully retiring from the position which he has filled for fifteen years, having already enjoyed all the honours the College can afford him.

Mr. Busk and Mr. Clark will doubtless seek the suffrages of the Fellows, and the latter gentleman will have good claim to re-election, since, although he allowed himself to be put in a somewhat false position last autumn with respect to the Examinership, yet he has always shown a readiness to move with the times, and as the senior surgeon of St. Thomas's Hospital he will doubtless command a large number of votes, even without the offensive personal canvassing which marked the last election of a St. Thomas's surgeon two years ago. Mr. Busk, on the other hand, is one of the most strictly conservative members of the Council of the College, and has more than once openly

asserted that the Council is entirely independent of the Fellows and Members, who constitute, in fact, the corporation. Those who recall Mr. Busk's speeches at the meetings in the College of the Fellows and Members in April and June last year, will remember how opposed all his views were to that spirit of progress which, thanks to the efforts of the Fellows, has at last made itself heard within the Council-chamber. Mr. Busk is now senior vice-president, and will, therefore, if he saves his election, in all probability become in due course President for the ensuing year. We ask what hope is there of any liberal management of the College affairs under the presidency of a gentleman of such very pronounced views? Mr. Busk's reputation as a scientific man is high, but we may be pardoned for saying that as a surgeon he has made no sign. In fact, since he quitted the *Dreadnought* hospital-ship, we do not remember to have heard his name mentioned in connexion with the science and art of surgery. The present is one of the few occasions on which the Fellows will have a voice in determining who shall be president next year—a matter in which usually they have no choice whatever.

NAVAL MEDICAL SERVICE.

WE record with great satisfaction that the three Greenwich Hospital Pensions for naval medical officers, created by the Order in Council of March 24th last, have been granted severally to Dr. Peter Leonard, inspector-general, and Drs. John Dunlop and A. C. Macleroy, surgeons in the navy. We referred to this subject on February 4th and 11th last, and there can be no doubt that much good has been done by ventilating the existence of grievances in the service, and showing the modes whereby they may be remedied. The grant of a pension to Dr. Leonard is a just and proper recognition of valuable services rendered under peculiar and difficult circumstances. A large item of the success that attended the first application of the Contagious Diseases Act to the Royal Navy is due to the assiduous exertions of this officer, who entered the service half a century ago, has served more than twenty years afloat, and has sailed round the world four times. In these days of rigid economy, when efficiency and everything else are sacrificed to reduction of expenditure, it is a very significant fact that the energy of the Medical Director-General of the Navy has obtained from My Lords, in the matter of pensions, that kind of even-handed justice which alone can make the Royal Naval Service popular, or other than a refuge for the destitute.

UNIVERSITY OF LONDON.

WE understand that four gentlemen have been duly put in nomination for the purpose of forming a list of three persons to be submitted to her Majesty for the selection therefrom of a Fellow to fill the vacancy in the Senate of the University of London. They are Dr. Parkes, Mr. Waley, M.A., Mr. Shaen, M.A., and Dr. Weymouth, D.Lit. The nomination paper of Dr. Parkes is signed by nearly six hundred members of Convocation, and some sixty other names have been received, but too late for insertion in the lists accompanying the usual papers relative to the annual meeting of Convocation on the 9th of May, which have just been issued, together with the voting papers. Dr. Parkes has already, therefore, received the support of quite half the voters, and his election, as we mentioned before, may be regarded as certain. Nearly two hundred graduates have nominated Mr. Waley, but many of these gentlemen have given their support to him in entire ignorance of the fact that on the last two occasions representatives of the Arts and Laws sections were elected, and that, in accordance with a tacit understanding on the subject, it now falls to the lot of a representative of the Medicine and Science section of the graduates to be elected to the senatorial vacancy; and very just complaint has been made that those who have been most active in promoting Mr. Waley's candidature have unfairly concealed this fact. There is one special circumstance, above and beyond the high personal qualities and general scientific acquirements of Dr. Parkes, that will make his election a most satisfactory one. In Dr. Allen Miller the Senate lost one whose chemical knowledge was of the utmost value in aiding them in their deliberations relative to various examinations; and Dr. Parkes is peculiarly qualified to supply in great measure the blank so unhappily created by the death of Dr. Miller. There are plenty of lawyers, physicians, and political economists on the Senate, but not too many men of science in the more limited sense of the term.

We have only to express a hope that all the medical members of Convocation will give their undivided votes for Dr. Parkes, and that those who find themselves unable to be present in Convocation will at once return their voting-papers, filled up in favour of Dr. Parkes, to the Clerk Convocation, at the University.

MORTALITY AFLOAT.

THE annual Parliamentary paper on the deaths of merchant seamen, issued under the auspices of Mr. Mayo, has recently been published, and shows results that are, on the whole, tolerably satisfactory. By a comparison of the statistics of previous years, we find that the deaths reported to the Board of Trade as occurring in 1867 were 5283; in 1868, 5237; in 1869, 4832; and in 1870, 4523. During these four years the cases of death from scurvy decreased from 52 to 6, fevers from 739 to 471, and diseases of the stomach, bowels, liver, and digestive organs, including cholera and dysentery, from 521 to 299. On the other hand, we find that the mortality from eruptive fevers, diseases of the brain and nervous system, heart, lungs, urinary and genital organs, skin and cellular tissue, has varied but little; so that, inasmuch as the numerical strength of the British mercantile marine steadily increases year by year, we may fairly record an improvement in the sanitary condition of our sailors at sea. But statistics are proverbially fallacious; and as we observe that this paper has been quoted in several of the daily journals, it is a duty to show that there is an unsatisfactory as well as a bright side of this tabular report. It must be recollected that in the vast majority of instances the causes of deaths stated in these reports are compiled from the records of masters or mates of ships, and we may observe *en passant* that, judging from results, great credit is due to them. But why, in the classification adopted, should "other diseases," "natural causes," and "unknown causes," find places? We find that under these three headings combined, no less than 270 deaths were reported in 1867, 386 in 1868, 330 in 1869, and 297 in 1870. If indeed this very indefinite nomenclature must exist, it would be far better to lump the three headings into one, as all are equally obscure and unsatisfactory. But we take leave to suggest that no such refuge for the destitute is necessary, because the satisfactory items of these statistics quoted above show that masters of vessels in the merchant service are, as a rule, fairly, if not fully, competent to deal with the subject. And there is yet another way in which simplicity may be compassed on this head. The authorised Medical Guide now carried in ships' medicine chests, in accordance with the terms of the Duke of Richmond's Act, ought to contain a simple tabular list of "causes of death," and an instruction should be printed in the official log that

this list is to be quoted in recording every death that occurs at sea. The adoption of this plan of registry would very greatly facilitate the continuous and laborious efforts of the Registrar-General in procuring accurate returns of mortality in the British mercantile marine.

THE SOCIETY OF APOTHECARIES.

WE perceive that a contemporary, who appears to hold a brief for the Apothecaries' Society, and at the same time is in such close communication with the officials of the College of Surgeons as to be enabled occasionally to publish matters transacted by Committees of Council of that corporation, is again attempting to withstand all medical legislation during the present session, whilst it objects to the details of the so-called amalgamation scheme, as proposed by the College of Surgeons, on the ground that the resolution of that body requiring high attainments in the examiners for the diploma would damage the interests of the present Court of Examiners of the Apothecaries' Society. We take very little interest in the proposed amalgamation scheme, because we believe it is wrong in principle, and that nothing less than an examining board independent of the existing corporations will prove satisfactory to the profession and the public. At the same time we cannot allow the absurd puffs of the Apothecaries' Society which our contemporary is never wearied of putting forth to go unanswered; and since we have been taken to task for some general statements we made a few weeks back respecting the scientific status of the twelve respectable practitioners forming the Court of Examiners of the Apothecaries' Society, we have been at the trouble to extract their qualifications from the Medical Directory, and find them to be as follows.

Two hold the degree of M.D. of London, three of Edinburgh, two of Aberdeen, and two of St. Andrews. Three are members of the College of Physicians of London by examination, and three by payment in the year of grace. One is a Licentiate of the College of Physicians of Edinburgh. Three are Fellows of the College of Surgeons, by payment, having been members before 1843; and six are members only. Presumably all the Court are Licentiates of the Apothecaries' Society, though two gentlemen modestly omit to mention the fact in their return to the Medical Directory. And at least half the Court are members also of the Company. Lastly, only one of the whole Court is connected with a medical school as lecturer, whilst another is physician to one of the minor hospitals, to which no school is attached. Can our contemporary really pretend that these are in any sense representative men?

LUNACY SUPERINTENDENTS IN IRELAND.

THE Lunacy Amendment Bill for Ireland, now under the consideration of Parliament, will afford an opportunity for the removal of a grievance which presses with peculiar force upon the medical superintendents of Irish asylums. The duties of the superintendent of an asylum are of an extremely arduous, trying, and responsible character; and, moreover, they can hardly be assumed by any but a man of mature age. In view of these facts, the English law provides that superintendents may, after fifteen years' service, retire upon a superannuation pension equal to three-fourths of their former salaries. In Ireland, however, the period of service necessary to earn a superannuation allowance is not fifteen years, but *forty!* and it is manifest that such a term could only be attained under the most exceptional circumstances. It should be remembered, moreover, that the grant of a superannuation allowance is made quite as much in the interest of the public as in that of the recipient; and that to deny the privilege is practically to hand over responsible duties to men who ought to be on the shelf, but whom there is no provision for placing there. We have often had occasion to express regret at the vast quantity of clerk's work that is thrown upon superintendents in England, and that operates to withdraw their minds from their medical charge of the insane; but we are assured that in Ireland this evil is still more glaring than with us, and that a very large proportion of the forty years must be devoted to work for which medical skill and knowledge are not required. The medical officer of an asylum should be also its head or lay governor, in order to be able to bring the restraints of discipline to aid the careful and systematic carrying out of his injunctions for the treatment of the inmates; but in all the non-medical duties thus devolving upon him he should have the assistance of well-paid, competent, and trustworthy subordinates, who would render his non-medical headship as little laborious as possible. It is certain that Parliament would act wisely in refusing to sanction any proposals which would leave Irish medical superintendents saddled with the non-medical executive duties which now devolve upon them, or which would deny them the same opportunities for retirement which their English brethren actually enjoy.

MICHEL'S PROCESS FOR REMOVING EXTERNAL TUMOURS.

A FEW weeks ago we gave a brief notice of the plan for removing tumours purchased by Mr. Bell of M. Michel. In reply to some inquiries that have been made, we add the following details.

The preparation used in all cases where the tumour can be reached externally is made in the following way. Asbestos, as soft and free from grit as possible, is reduced by rubbing between the hands to the finest possible fleecy powder. It is then mixed thoroughly with three times its own weight of strong sulphuric acid (SO_3HO), and worked into the desired shape with a silver or gold spatula. Mr. Bell remarks that the practical working of this powerful but simple escharotic is very remarkable; it destroys rapidly and completely whatever tissues lie directly beneath it, and in doing so neither causes the extreme pain which might naturally be expected, nor the local inflammation and general feverish symptoms which render similar applications undesirable.

In its application it is requisite that the patient should be so placed that the surface of the tumour is level. The adjoining parts of the skin are to be protected by a broad circle of collodion and a thick pad of soft linen. Nearly the whole surface of the tumour is to be then covered with a layer of asbestos and acid, the thickness of the latter being about half an inch for a tumour the size of a hen's egg; and, to insure that the contact is uniform, the surface of the asbestos is to be covered with sovereigns. The skin beneath the mass is rapidly destroyed, a very narrow white circle marking the separation between the dead and living skin. The pulse remains quiet. The patient complains of considerable pain whilst the skin is being penetrated; it is not unbearable, however, and becomes much lessened after the first twenty minutes. Soon a slight oozing appears at some point from beneath the mass, the careful sopping up of which requires the undivided attention of the operator or experienced nurse for some hours. The length of time required for the destruction of a tumour varies with its size, its nearness to the surface, and the capability of the special tissue to resist the action of the mass; but in one of the size of a hen's egg the first application may be left on from 8 A.M. till 10 P.M., when it may be removed; made up

afresh to half the size, and reapplied for the night, being finally removed on the following morning. The wound should appear quite dry, and the darker and more depressed it is the better.

The healing process then alone requires to be attended to, and this is divided by Mr. Bell into (1) the stage of quiescence, (2) the suppurative stage, and (3) the healing stage, for the treatment of each of which minute directions are given. Mr. Bell is quite aware that this plan of treatment will not prevent the return of malignant disease, but he claims for it the following advantages:—1. That the shock of a surgical operation is entirely avoided. 2. That besides the tumour very little of the surrounding parts are injured or removed. And 3. That a malignant tumour when removed by means of the escharotic is not so rapidly recurrent as when it is excised.

Through ill health Mr. Bell has been unable to follow up this mode of operation, and has left its prosecution in the hands of Mr. Henry Robinson.

ST. BARTHOLOMEW'S HOSPITAL.

IT will surprise none of our readers to learn that Mr. Paget has thought it right to resign his appointment of surgeon to St. Bartholomew's Hospital, since it is obviously his duty to economise his strength after his recent and severe illness. The duties of surgeon and teacher in a great institution like St. Bartholomew's are always of the most onerous nature, and the geographical position of the hospital must have long rendered it difficult for Mr. Paget to give sufficient time to his hospital duties, with due regard to his engagements at the opposite end of this great city. From his long connexion with his old school as pupil and teacher, Mr. Paget's name has become almost a household word in the precincts of Smithfield, and his loss cannot fail to be greatly felt both by colleagues and pupils. Probably no surgeon of modern times has made more rapid progress to professional success and position, for it is, we believe, not twenty years since Mr. Paget ceased to reside within the walls of St. Bartholomew's as warden, and only ten years since he became full surgeon to the institution which he now leaves as senior surgeon.

Mr. Callender will of course succeed to the vacancy thus created in the senior staff, and it is anticipated that Mr. Morrant Baker, who is now lecturer on Physiology, and "casualty surgeon" will be elected assistant-surgeon in that gentleman's place.

THE "DREADNOUGHT" CONVALESCENT HOSPITAL.

THE arrangements for the reception of small-pox convalescents on board the *Dreadnought* hospital-ship are fast approaching completion. Cabins have been erected under the poop deck for the accommodation of a medical officer, ward master, steward, watchman, &c., and the kitchen-range, wash-house, laundry, and other offices are built up under the forecastle. The steward's pantry, bread-room, &c., are on the forward part of the main deck, which deck will be used as a dining-room, and will give ample sitting accommodation for at least 200 persons. The middle, lower, and orlop decks are left entirely clear, with the exception of bath-rooms that have been built up forward, and which certainly tend in some measure to mar ventilation. A pipe will be laid along the bed of the river, and communicating as before with the Kent Waterworks, and closets are being erected very much in the same places and on the same principles as those in use when the Seamen's Hospital Society were in possession. We venture to predict that the ship, in this new phase of her existence, will serve a very useful purpose, and the hulk that has been obtained by the Asylums Board should be moored off, or a little below, Woolwich, on the north side of the river. The old *Belleisle* has been lent more than once to the Seamen's Hospital Society, and appeared to serve their purposes very well indeed during the last epidemic of cholera. She would hold at least 100 convalescent patients, and is (or was up to a very recent date) fitted with kitchen-range, water-tanks, &c., on a very large scale. It is a matter of great regret that the authorities of the Seamen's Hospital were unable to anticipate events by twelve months, inasmuch as they might have disposed of their fittings to the Metropolitan Asylums Board, as well as much valuable material that was sold by auction for an absurdly small sum of money. We believe that the *Dreadnought* will be ready for the reception of patients on Monday next.

METROPOLITAN ASYLUMS BOARD.

THE Metropolitan Asylums managers sat for nearly three hours on Saturday last. Two hours and three-quarters were taken up in reading the reports of committees, and in mutual congratulations as to the energy which has been displayed and the success of the measures which have been adopted for meeting the requirements of the epidemic. No one had the temerity to observe that the managers have never yet been able to overtake the demand for beds, and that not a single week has yet elapsed without the refusal of many applicants for admission. Dr. Bridges was permitted to urge upon the Board the necessity of making much more ample provision; and Dr. Stallard informed the managers that, on the lowest estimate, there are still a hundred thousand persons who are pretty sure to have the disease before the epidemic ceased. He was stigmatised as a professional Cassandra; and, according to the usual practice, the Board refused to discuss the question of further hospital accommodation, but referred it to the junta. It is significant that nine out of fourteen of this junta are nominees of the Poor-law Board; it brings everything before the managers ready cut and dried, and without its sanction nothing of importance is discussed.

CLASS ENDOWMENTS FOR CHILDREN.

WE have received a communication from the Actuary of the National Life Assurance Society which, as appears to be a circular addressed to members of the medical profession generally, calls for a passing notice. The National, it seems, contemplates going largely into educational and other endowments, but is under the necessity of first collecting sufficiently extensive data as to the rate of mortality prevailing among children in the upper classes of society, the Registrar-General's returns making no distinction as to the social positions of persons dying. Under these circumstances, a form of inquiries has been prepared, asking for particulars bearing upon the rate of mortality among the children of medical men, with other individual statistics of a kindred nature, it being hoped that the object of the inquiry will sufficiently approve itself to elicit a large amount of invaluable information.

We can have no hesitation in commending the inquiry to the favourable consideration of the profession, inasmuch as the end sought to be attained appears to us highly desirable on scientific as well as on personal grounds. If we mistake not, an inquiry analogous in character and object was made amongst the clergy many years ago, with excellent results. Of one thing we are sure—namely, that there is a legitimately wide field for insurance enterprise amongst classes, as distinguished from general insurance; and class insurance must necessarily be based upon class inquiries, such as that which the National is now prosecuting.

GREENWICH HOSPITAL.

THE Lords of the Admiralty, busily engaged in wonderful schemes of retrenchment, and annoyed by "Captain" and "Controller" controversies, have by this time probably forgotten that the only palatial building in or near London is still (as the *Pall Mall Gazette* remarked some weeks ago) "a howling wilderness, guarded by a clerk of works and two or three policemen." As, however, many royal palaces, which can hardly be classed as even in partial occupation, are kept up at great cost, as provision has to be made for the accommodation of more than 2000 small-pox patients in London, and as, consequently, "howling wildernesses" in the neighbourhood of the metropolis are just now at a premium, we strongly recommend Lord Camperdown and his colleagues to apply Greenwich Hospital to some useful national purpose. We are informed that the inhabitants of Greenwich strongly object to the conversion of the *Dreadnought* into a small-pox convalescent establishment; but may hint that, if the epidemic continues, the Metropolitan Asylums Board will endeavour to bring the disease still closer to the doors of Mr. Gladstone's constituents, or want to know the reason why Greenwich Hospital is the most useless, as it certainly is the finest, public building in the United Kingdom.

PIROGOFF AND THE GERMAN MEDICAL PRESS.

THIS eminent surgeon was entrusted, during the Franco-German war, with the task of visiting the seat of hostilities in the name of the Russian Association for Help to the Sick and Wounded. The mission was fulfilled in a most meritorious manner; and a short time ago Dr. Pirogoff presented a report to the above-named Association. In this document he renders full justice to the zeal and skill of the German military surgeons; but points out that the immediate care of the wounded on the field of battle is extremely deficient. In fact, the Russian surgeon states plainly, and we think justly, that the system of help to the wounded, during action, has not kept pace with the increased precision and destructive power of the weapons used in modern times. His meaning was, however, mistaken by the Prussian *Army Journal*, and Pirogoff was blamed by the editor for underrating the merits of German military medical officers. In answer to this, the eminent surgeon shows plainly that the matter in hand interests mankind in general; and that every effort should be made to organise assistance on the field of battle commensurate with the awful havoc made by the projectiles now in use.

THE GUARDIANS AND MEDICAL OFFICER OF TIVERTON WORKHOUSE.

WE offer Mr. Terry our sincere sympathy. By his unflinching protection of a supposed lunatic, whose case was noticed in THE LANCET last November, he has become engaged in a most unpleasant conflict with the guardians and the master of the workhouse; and this officer has brought against him a series of trumpery charges, which reflect far less upon Mr. Terry than on the guardians and the master.

It appears that a blind woman named Holcombe was admitted to the workhouse on Sunday afternoon, and, having been brought there by force, the medical officer was sent for to see her. On his way he met the master, and on Mr. Terry observing that she was of unsound mind, the master answered, "Well, she is sane enough now"; and evidence is given that on two other occasions Mr. Terry informed the master that she ought not to be discharged on her own notice. Nevertheless, the master appears to have taken his own opinion, and the woman was allowed to leave. The result was that Holcombe was brought back in a day or two, and the blame of discharging her is now laid upon Mr. Terry for not having given a written opinion on her case. Mr. Terry replies that a verbal message is all that the law requires, and the matter is submitted to the Poor-law Board.

In these transactions the judgment and good faith of the medical officer come out so strongly that Mr. Terry can have no fear of the result; and our only regret is that a board of guardians can be found who have the bad taste to permit their medical officer to be so improperly treated.

THE DEBILITY OF THE GOVERNMENT.

To medical eyes the recent action of the Government has suggested the idea of debility and the need for a change of air. The last proposal of the Government to raise the additional millions which they want by increasing the Income-tax is most grievously unjust towards professional men, and we enter our protest against it. Not only in the matter of the Budget but in other matters the Government has displayed a weakness unworthy of the first years of its existence and its majority in the House of Commons. Not to mention other illustrations, we will only specify Mr. Forster's principal argument against THE LANCET Bill, that it would have the opposition of the bodies which needed reforming. This was a fine argument to come from a reformer of Mr. Forster's type. We repeat that nothing explains the poor and disappointing behaviour of the Ministry so well as the theory of debility. They want the bracing effect of a change, and, apart from all political considerations, we shall not be sorry to see them compelled to take it.

A HINT FOR MR. DARWIN.

AT the Clinical Society on the 28th ult. the President related the case of a woman who had died from eating her hair—a strange but not an unexampled mode of involuntary suicide, for other cases have been recorded. It seems, too, that a similar proclivity is apt to be found in the Angora cat, attended with equally disastrous results. The suggestion was made that the cause of this singular tendency, which was apparently motiveless, might be found in some all but extinct instinct which shows itself in a few of the lower animals. Such an explanation is interesting and worthy of consideration. Were it investigated, it might possibly throw light upon other tricks and habits which—like nail-biting, for example—are otherwise unintelligible. These might, for aught we know, be shown to be derived from man's remote antecedents, like the qualities of temperance and fidelity, which, widely spread as they are amongst certain classes of mammalia, are still also occasionally to be found in specimens of the human animal.

HYDATID CYSTS AND TROPICAL ABSCESS.

A SHORT but practical paper by Dr. Cleghorn, of Jounpore, appears on this subject in the March number of the *Indian Medical Gazette*. The author believes that a considerable number of the hepatic abscesses that occur in India are due to suppurative changes taking place in old hydatid cysts previously existing in the liver, and he urges pathologists to investigate this particular subject more fully, contributing himself a number of facts in corroboration of his own views. He thinks that the presence of cysts is a much more rational explanation of the origin and history of tropical abscess than is the operation of chills, dysentery, malaria, and intemperance—causes at work in other countries than India without producing hepatic abscess so frequently, a fact which Dr. Cleghorn argues demands a reason

why they do so in India. The preventive remedies he commends for Indians are the use of pure water, carefully cleansed salads and vegetables, the clean feeding of cattle, and the destruction of all organs of animals used for food when diseased by hydatids.

THE ADULTERATION BILL.

WE understand that the prospects of the Adulteration Bill this session are the reverse of hopeful. Modified in some of its provisions, it has indeed passed the second reading; but its further progress is likely to be obstructed by a good deal of opposition of an indirect kind. If it should reach the Lords, an attempt will there be made to send it back to the Lower House in a really efficient state; and thus at least to cast the onus of emasculating it upon those members who may by any considerations be won over to do the dirty work of fraudulent traders. It would be better, however, that the Bill should be thrown out or abandoned for the present, than that it should be passed in a shape easy of evasion. A law that can be laughed at by wrong-doers is in itself a positive evil; because it tends to bring all law into disrepute.

COMMITTAL OF AN UNREGISTERED PRACTITIONER FOR CONTEMPT OF COURT.

A VERY remarkable inquest has been held at Oak-hill, Somerset, on the body of an infant which died in the charge of a woman named Louisa Wotton, who takes in children to board. She undertook the charge of this infant for half-a-crown a week. It transpired that she had two children under her charge for the Shepton Mallett Union, for half-a-crown a week per child. The infant in question was about eleven weeks old, and was brought by a Mr. Major, who practised in the neighbourhood, to Mrs. Wotton. Mr. Major described himself in a remarkable way, as being not a registered surgeon, but practising medicine. At the adjourned inquest he refused to give up the name of the child. On this account he was committed to prison for contempt of court, where he remained till he divulged the name of the child. Mr. Major had succeeded to the practice of Mr. Cartner. The child was first attended by Mr. Major, and then, on getting worse, by Mr. Baker, who thought it labouring under "syncope of the heart," and gave it magnesia and calomel. The inquest stands again adjourned for some weeks. We do not know what the result will be; but we may safely disapprove the conduct of any man who takes a child to be baby-farmed, and at the same time refuses to give its name; and we cannot but criticise the therapeutics which administer magnesia and calomel to a child dying of "syncope of the heart."

"THE TIMES" ON SMALL-POX.

IT is not often that a non-professional journal writes with such authority and effect on a subject not only of professional but of public interest as did *The Times* of Wednesday in its leading article on Small-pox. The community are there told, with a clearness and conclusiveness which cannot fail to command the gravest attention, that the disease is entirely preventable; that every sufferer from it should have only himself to blame; and that nothing but the imperfection of the existing legislative machinery explains the outbreak of such epidemics as the prevailing one. The article retraverses much of the ground already occupied by ourselves; but we cannot allow it to pass without an expression of our gratitude for the valuable reinforcement its advocacy brings to us in our endeavours to diffuse sound sanitary ideas on the most fatal of all diseases.

BILL FOR AMENDING THE METROPOLITAN POOR ACT, 1867.

BY an extraordinary oversight the Metropolitan Asylums Board were not empowered to provide anything but permanent hospitals for fever and small-pox. This is the more extraordinary because at their very earliest meetings the plan of having temporary structures was urged upon the managers by the Poor-law Board. It is only now that the mistake has been discovered; and Mr. Stansfeld has given notice of a short special Bill enabling the managers to use and pay for any ship, vessel, hut, tent, or other temporary erection which may be sanctioned by the Poor-law Board for hospital and asylum purposes.

CHOLERA IN SHIPS AT SEA.

AT the meeting of the Epidemiological Society on the 10th inst., Inspector-General Lawson, the principal medical officer of Aldershot Camp, will read a paper on Cholera in ships at sea. It may be apprehended, from the author's long and earnest labours in scientific epidemiology, that this perplexing but important subject will receive some elucidation at his hands, and that the meeting will prove of exceptional interest. The Society invites the attention of members of the profession.

THE CONTAGIOUS DISEASES ACTS.

THE effect of the above Acts in controlling disease may be seen by the results obtained during the past year at Dover and Shorncliffe, where the Acts were really enforced, as compared with Canterbury, where they were almost a dead letter. At the former stations, while the ratio of admissions among the troops, per 1000 of strength, for that kind of disease which is constitutionally the most injurious in its effects, was 30·15, at the latter (Canterbury) the ratio was as high as 127 per 1000.

THE 21st Regiment, which was so unhealthy from malarious fever when stationed at Kurrachee some time ago, has ever since its removal to Bangalore been improving; and its condition at the present time is said to be excellent, the men having apparently shaken off their liability to recurrences of ague. A good many soldiers belonging to the regiment have, however, we believe, been invalided from the effects of fever since the regiment was stationed at Kurrachee.

A BILL to amend the Law relating to Vaccination in Scotland has been introduced into the House of Commons by the Lord Advocate. Its object is to reduce the period within which vaccination is to take place from six months to four months after birth. An increase in the fees to registrars, in respect of their duties connected with vaccination, is also proposed.

WE are glad to be able to state that the Emperor Napoleon, though lately suffering from a rather severe indisposition, is recovering satisfactorily; and there is good ground for anticipating that his Majesty's health will, by due care and rest, be re-established.

DR. T. O. DUDFIELD has been appointed Medical Officer of Health for the parish of Kensington. For some years past Dr. Dudfield has been a most active member of the vestry; and it is through his exertions that attention has been drawn to the necessity and economy of sanitary improvements. We have no doubt that he will in his present office have still further opportunities of effecting sanitary reforms.

PROF. WYVILLE THOMSON delivered, on Tuesday, his inaugural lecture to the students of the Natural History class in the University of Edinburgh. In the course of his observations he paid a glowing tribute to the services of his predecessor, Dr. Allman, whose valuable researches in zoology will continue to be prosecuted, in spite of his retirement from the chair.

THE illness which compelled Mr. Sothern to retire from the stage at Birmingham, in the middle of the performance of "An English Gentleman," was intestinal inflammation. We are glad to learn that his recovery, though tedious, is now regarded as certain.

WE have received a copy of a general order which has just been issued by the Poor-law Board for the management of dispensaries in the metropolis, and we shall describe the provisions in full next week.

THE Rivers Pollution Commissioners—Dr. Frankland and Mr. J. C. Morton—are now engaged on an inquiry into the condition of the Cardiganshire rivers. This investigation was opened last week at Aberystwith.

DR. FRANKLAND reports that two samples of water delivered in London during April by the Southwark Company and the East London Company respectively, contained "living organisms."

IT is rumoured that Deputy Inspector-General C. Gordon, C.B., will probably succeed Dr. Inglis, C.B., in medical charge of the Woolwich garrison.

THE quarterly house-dinner of the Medical Club takes place to-day (Friday) at 7 o'clock. Sir C. R. MacGrigor, Bart., will preside.

THE Professors of University College will hold a *conversazione* on the evening of the 10th inst., at 8.30 P.M.

REPORT
OF
The Lancet Sanitary Commission
ON
PUBLIC VACCINATION IN THE METROPOLIS.

THE NEW ARRANGEMENTS FOR PUBLIC VACCINATION IN ST. PANCRAS.

As the whole of the new arrangements for public vaccination in St. Pancras have probably been settled under the advice and direction of the Privy Council, it will be interesting to inquire how far they are likely to meet the convenience of the public and conduce to the popularity of vaccination and revaccination amongst those classes for whom especially the Vaccination Act was passed. And although we are unwilling that the interests of the medical profession should be considered as superior to those of the public, we do not hesitate to consider that question also, because we believe it to be impossible to secure a hearty fulfilment of the law without their co-operation and support.

Now the clear intention of the Legislature was to get the people protected from the small-pox; and it proposes to accomplish this by placing thoroughly good vaccination and revaccination, under proper arrangements and gratuitously, within the reach of all persons. It is a boon without restriction, to be paid for both by rich and poor; and if the former prefer to have the operation performed by their own medical attendants, those attendants ought to have the right of obtaining lymph on their behalf at the public stations free of cost.

And, first, as to thoroughly good vaccination, it must be clearly understood that we have no desire to lessen the importance of arm-to-arm vaccination. There can be no question as to that mode of operating being by far the best and most successful. It is the mode which every well-educated medical man will adopt when circumstances do not oppose; but we must not be led away by the idea that "thoroughly good vaccination" cannot be obtained in any other way, or that the convenience of the public and the complete protection of the people from small-pox are to be sacrificed thereto. Furthermore, we are entirely of opinion that in densely-populated towns there should be attached to every public vaccination station a district large enough to supply a succession of healthy children week by week, first for the purpose of securing the great public advantage of continuous arm-to-arm vaccination, and, secondly, for the provision of a sufficient supply of lymph to those medical practitioners who, chiefly through the operation of the law, are unable to keep up arm-to-arm vaccination for themselves. But here again we must be careful lest, in our anxiety to promote stational vaccination, we lose sight of the convenience of the people, and, by putting upon them an irksome burden, drive them into the arms of the anti-vaccinationists. We believe it to be impossible to enforce universal protection against small-pox by severe penalties, and we have a much higher faith in arrangements which consult the convenience and even the prejudices of the people, and in the lessons which the fearful epidemic under which we are now suffering affords, especially when backed by the personal advice and influence of private medical attendants who enjoy the public confidence. Penalties, indeed, should be employed to overcome the apathy of the idle and indifferent. But it seems to us hopeless to propose to legislate for the very insignificant minority of stupid individuals who prefer to have small-pox, and we believe that the growing intelligence of the people will prove the soundest basis for a satisfactory administration of the law.

With these preliminary observations, we revert to the arrangements of St. Pancras, which we condemn emphatically, and chiefly because they do not meet the requirements which the officers of the Privy Council have themselves laid down as necessary. In the Sixth Report of the Medical Officer of the Privy Council we are told (page 116), "That public vaccination should, when permitted by other considerations, be procurable within half a mile of every house. Stations might be so placed that scarcely any part of central London would be so distant as this from a station, while on the average each station would be within a quarter of a mile of every person's door. In the less densely populated districts it might be requisite to have the stations at a somewhat greater distance than this from some houses." First, then, let us inquire if in St. Pancras these conditions are fulfilled. The parish is nearly seven miles long by a mile and a half broad. It reaches nearly north and south from within twenty yards of Oxford-street to Finchley, and from Henry-street, Gray's-inn-road, to Highgate; and east and west it extends from Maiden-lane, King's-cross, to the top of Primrose-hill. It contains 2716 acres.

The parish contained a population of 198,000 at the last census, and it is probably more than 220,000 now. The guardians have provided five stations, and if the population were equally divided between them there would be sufficient children to provide twenty primary vaccinations every week at each, if 50 per cent. of the children born should be brought to them. This is at least double what is necessary to secure continuous arm-to-arm vaccinations. The stations are placed as follows:—No 1, opposite to the Cobden Statue, Hampstead-road; No. 2, at 35, Acton-street, Gray's-inn-road; No. 3, at 142, Gower-street; No. 4, at 327,

Kentish-town-road, near the Midland Railway Station; No. 5, 36, Prince of Wales's-road, adjoining the North London Railway Station. No provision has been made for the residents of Highgate and the brickmakers of Finchley. The mothers of any children residing at this extremity of the parish will have to drag them a distance of from three to three and a half miles to the Prince of Wales's-road or to Kentish-town.

There is some talk that the vaccination officer is to go to Highgate every three or four months, but it is not so noted on the bills, though we should have supposed that, if necessary at all, such an arrangement was so at the present time. There are several other localities which are more than a mile from any station. For example, the residents near Primrose-hill have nearly a mile to go to Kentish-town-road. Those from Marquis-road have the same distance, as also have persons residing at Oak village.

But again, in the report on London already quoted we find as follows:—"The convenience of the public as to proximity of station is constantly disregarded, through the necessity of observing the boundaries that separate one London union or parish from another. Very frequently persons have to go away from the nearest vaccination station to get vaccinated. We propose that every resident in London should have access to the vaccination station that is most convenient." Instances of this occur in St. Pancras. Persons residing in Henry-street, Gray's-inn-road, are within fifty yards of the Holborn vaccinator in John-street, Bedford-row; but as the law forbids that vaccinator to operate on persons living in St. Pancras, the mothers must carry their children three-quarters of a mile to Acton-street. In the same way residents near Oxford-street, who could readily cross over to the St. Giles's station in Vinegar-yard, must go up to Gower-street. And it is more than probable that there is a vaccination station in the town of Highgate, which would save the unfortunate residents in the Highgate portion of St. Pancras a three-mile journey if the law permitted them to use it. In the Privy Council Report before quoted it is also observed that "it sometimes happens that a parent has or professes a dislike to a particular operator." Under the old system there was a considerable choice, but the guardians have now restricted the public to one vaccinator, who is permitted to employ a single deputy to act for him in case of absence, illness, or overwork. It is simply absurd to suppose that a single public vaccinator will have the confidence of all the parents in so large a parish. Although the gentleman elected has been a resident many years, and has enjoyed a considerable private practice, it is more than probable that hundreds of poor people will object to take their children away from their local medical attendants and submit them to a perfect stranger. Confidence is everything in such a case, and instead of attempting to dragoon the people into going to a particular station without any choice of operator, we conceive that the arrangements should have been made so as to give a variety of choice of operators, and the opportunity of going to that station which is most convenient. But there is another great objection to a single vaccinator. It is that it is impossible for him to attend at all the stations at convenient hours, nor long enough in epidemic times to do the work. Thus he is now to attend daily, from 10 A.M. to 11 A.M. at Station No. 1. Mondays, Wednesdays, and Fridays he is to attend Station No. 3, at twelve o'clock, and his deputy is to attend Station No. 5 on the same days and hours. On Tuesdays, Thursdays, and Saturdays he is to attend Station No. 2 at eleven o'clock, and Station No. 4 at twelve o'clock; and the deputy is to vaccinate daily at Station No. 4, and assist elsewhere. If the problem had been to give as little public vaccination as is consistent with the requirements of the law, the guardians have certainly solved it. It is scarcely possible to estimate the inconvenience and loss of time involved in carrying a child a mile or more, and in the case of those from Highgate, more than three miles, so early in the day—just at the very hour a good wife is preparing her husband's dinner, and is expecting him home at twelve o'clock to eat it. Nor is it probable that any young people will be permitted to go to the stations at ten or eleven o'clock in the day for revaccination, or that working people residing in infected districts will give up a day's work for the same purpose. During the last few weeks upwards of eight hundred cases of small-pox have been sent from St. Pancras to the small-pox hospitals, and what will two vaccinators do amongst so many thousands of persons who ought at once to be protected by revaccination? Contrast the operation of the law in Glasgow with that in St. Pancras, and we shall readily see how it is that small-pox diminishes in Glasgow, and extends in London. In Glasgow the focus of contagion is visited immediately, and all who have been exposed to it are vaccinated in their homes there and then without delay. But in St. Pancras the inspector goes to the infected house, and tells the inmates that they can be freely vaccinated at a particular place. Scarcely one in ten will go, because it is inconvenient, and they would lose their work by doing so. Until now the Poor-law district surgeons have been public vaccinators. They were six in number. All had districts quite large enough to secure weekly arm-to-arm vaccination. Three of them have this year performed 3700 primary vaccinations, and nearly 5000 revaccinations. They were directly interested in stopping the contagion. They vaccinated the children in infected houses, and they had special attendances at their stations in the evening in order to suit the convenience of the working men. But all this is over. They have all been dismissed but one. The district medical officer must now hold his hand, and send the people to the stations, and there is no instruction to the public vaccinator to do a single operation in the patients' homes.

EXPERIMENTS ON BREAD DIET.

THE last part of the *Zeitschrift für Biologie* (Band vii., Heft 1) contains some interesting investigations by M. Gustav. Meyer, of Oldenberg, on the effects of bread diet on man and dogs. The experiments on dogs showed the bad economy of exclusive bread diet, as compared with one in which there was a due proportion of meat. Where bread alone is consumed, a considerable quantity of its albuminous constituents pass away unabsorbed, by the fæces, which under such circumstances are always abundant. Their character is peculiar. They are of yellowish colour, homogeneous, soft, contain numerous air-bubbles, and on the average 79 per cent. of water and 26 per cent. of unaltered starch. There is no sugar, but part of the starch appears, as stated by Bischoff, to undergo metamorphosis into the lower fatty acids, especially butyric, in the large intestine, which occasions the rapid evacuation of the fæces, and confers upon them a strong acid reaction. Bread-diet fæces contain 32 per cent. more water than the bread itself; meat-diet fæces, on the other hand, contain 30 per cent. less water than the original flesh. It appears to be a matter of importance in what form the flour of the different kinds of corn is consumed; as bread, more fæces are discharged, and less is absorbed, than in the form of cakes, dumplings, &c. The peasants in Alt-Bavaria and Suabia are chiefly fed on fatty, compact dumplings (*Nudeln, Knödeln, Spätzlein, Schmarren*), from which good digestive organs can extract more nourishment than from bread, of which in many parts only a small quantity is consumed. We have here additional evidence that the nutritive value of a substance does not depend exclusively upon its chemical composition, but is affected by other circumstances. With meat diet the sparing quantity of fæces discharged is only in very small proportion composed of the unabsorbed remains of the meat consumed, 2500 grammes of meat making scarcely more fæces than 500 of bread. An addition of sugar in nowise alters the quantity or the quality of the fæces, the sugar undergoing complete resorption. An addition of starch, especially in the form of bread, on the other hand, changes both the quantity and the quality of the fæces, which come to resemble the food ingested, and to augment in quantity with its increase. On account of the abundant fæcal evacuations with bread diet, it is difficult to preserve the albuminous constituents of the body at their normal standard. The following table exemplifies some of these facts:—

Exp.	Food in grammes.	Dry fæces.	Nitrogen in fæces.
1	1000 bread	70=13 per cent.	2·4=19 per cent.
2	1000 „ 100 meat	66=12 „	2·1=13 „
3	1000 „ 300 „	75=12 „	2·3=10 „
4	377 meat 184 fat	20= 7 „	1·0= 8 „
5	377 „ 442 starch	66=13 „	1·5=12 „

From all this it appears that it is disadvantageous to

attempt to nourish an organism on bread alone; the addition of a small quantity of meat to full bread diet is of great assistance in promoting its nutritive value. The same rule is applicable alike to man and the dog in this respect. On bread diet, or, in other words, on insufficient albuminous diet, the various tissues of the body become more watery, which again renders them more liable to disease. M. Meyer, finding that considerable differences in the nutritive power of bread diet resulted from the mode of preparation in dogs, was naturally led to investigate this point in relation to man; and he determined to ascertain the effects of dieting on different kinds of bread-stuffs on a healthy young man. Each experiment lasted four days. It was found impossible to give sufficient bread to maintain the individual at his full weight. To facilitate digestion 50 grammes of butter and 2 litres of beer were allowed, and the quantity of bread given was 800 grammes per diem. The bread-stuffs employed were—first, the Horsford-Liebig rye bread. This bread contains no bran, is made without yeast, and is rendered porous by means of the carbonic acid generated from bicarbonate of soda by the admixture of the acid phosphate of lime and magnesia (and of chloride of potassium), which salts form part of its nutrient properties. The bread was enjoyed, but the subject of the experiment complained much of hunger, especially in the morning. The second was Munich rye-bread, which was less relished, and was also insufficient to satisfy hunger. The third was white wheaten bread, which was much liked; but the feeling of hunger on the fourth day was unbearable. The last was North German black bread (*Pumpernickel*). This, being the ordinary food of the subject, was of course liked best. The Horsford-Liebig bread is solid and compact, and offers resistance to the process of digestion; hence its solution and absorption are slow, and occasion large fæcal evacuations. The Munich rye-bread is looser in texture, is therefore more easily digested and the fæces are both less in quantity and contain less nitrogen, though the bread contains more than the Horsford-Liebig bread. The wheaten bread is still more perfectly digested, no less than 94·4 per cent. of the dry material being absorbed. The *Pumpernickel*, on the other hand, offers the greatest resistance to digestion on account of its density and the coarseness of the meal, and only 81 per cent. of the dry material is absorbed. These experiments therefore show, in opposition to the generally received opinion, that, with equal consumption of dry material, wheaten bread is by far the most nutritious of the above four kinds of bread, as it furnishes the smallest amount of fæces, containing also the least proportion of nitrogen. In feeding large numbers, however, calculations respecting relative cost must be considered, and from these experiments it may be shown that the order of value of the four kinds of bread is—Munich rye bread; *Pumpernickel*; Horsford-Liebig bread; wheaten bread. Finally, he makes some observations on bran, the addition of which to bread he thinks of little value in a nutritive point of view.

THE VACCINATION COMMITTEE.

DR. BAKEWELL, who has been employed as a public vaccinator in Antigua, informed the Committee that he had a great objection to large stations, where a number of children are brought together of whose antecedents nothing is known either by the vaccinator himself or by the parents of the children who are vaccinated. The advantage of small stations and house-to-house vaccination is, that, supposing you have a healthy child, the neighbours flock to have their children vaccinated from that child. You get an amount of evidence as to the vaccinifer's antecedents which it is impossible to get at large stations. Small stations are on these accounts more popular.

Sir Dominic Corrigan gave some very interesting facts relative to the impossibility of propagating secondary syphilis by means of special secretions having contagious properties. He was employed to inspect the Royal Hibernian Military School on account of the universal prevalence of scald head, which was propagated by the indiscriminate use of cloth caps. Many of the children of soldiers suffer from secondary syphilis, but in no case was it propagated by the secretions from the scald head. He had also been employed to report on the contagious ophthalmia of the pauper schools in Ireland. And here also there were many children labouring under constitutional syphilis, and although the products of inflammation were introduced into the eyes of the children by direct contact, in no case was syphilis propagated in this way.

Dr. Alexander Wood pointed out the peculiarity of the Scotch vaccination law. There are in Scotland no special districts, and stational vaccination has been almost universally given up, except in the large towns. The penalty was not for neglecting to take the child to the station for vaccination, but for refusing to allow the public vaccinator to do the operation in their own homes. He objected to stational vaccination, in the sense that the medical man was to go to a particular place, at a particular hour, whether there were likely to be children there or not. If the public vaccinator had a proper sense of his duty, he would arrange this matter for himself, so as to secure as many arm-to-arm vaccinations as were consistent with the nature and extent of his district, and the convenience of the poor. He saw no objection whatever to the employment of tubes, which he said would preserve the lymph for years in an active state, if properly taken, and carefully excluded from the air.

Mr. Marson, surgeon of the Small-pox Hospital, amongst other valuable evidence, stated that he is at present vaccinating from lymph derived from two sources. One from a heifer, to which the disease had been communicated by the inoculation of human small-pox; and the other from a cow in which the disease had occurred naturally. Neither was more than two years old.

Sir William Jenner, Bart., stated that, as the result of a very large experience amongst children, he never once saw any syphilitic or other constitutional disease which he could refer to vaccination. He thought he should not be doing his duty to his family if he did not have them vaccinated. He thought revaccination necessary, and that it should be done at the age of seven years in epidemic times. Under his advice her Majesty, the Prince of Wales, and all the Royal Family had been revaccinated. He himself had been revaccinated, and he thought it a proper precaution to take whenever small-pox prevailed.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A GENERAL MEETING of this Association was held at the Freemasons' Tavern on Wednesday evening, Dr. Rogers in the chair. Besides a considerable number of metropolitan and one or two country members, there were present Mr. Corrance, M.P. for Suffolk, and Mr. Knight, M.P. for Worcestershire.

Dr. ROGERS, in his usual address, gave a history of the Irish system of dispensaries. He said that in 1805 400 dispensaries were established, which afforded annually relief to half a million persons. In 1818 an Act was passed for the provision of fever hospitals. In 1851 the rating power and machinery of the Poor Law were brought in aid of the medical charities. In Ireland the commissioners are permanent and independent, and the control of the sick was not handed over to barristers, ex-military officers, or the relatives and protégés of successive presidents. Power was given to the commissioners to fix the number and qualifications of the officers to be employed. The concession of the power of granting orders to every member of the committee of management is the blot of the Irish system, and Dr. Rogers proposed to limit that power to the relieving officer and to the chairman and vice-chairman. He also proposed to define more accurately the class to whom relief should be afforded, and to prosecute persons who, having the means, had improperly obtained relief. By Clause 13 the medical officer is empowered to vaccinate all persons who may require it at his hands, and the incorporation of the office of registrar of births and deaths with that of public vaccinator has led to a more complete system of vaccination in Ireland than elsewhere. The Poor-law authorities are entrusted with the execution of the law relating to the removal of nuisances and the prevention of diseases, so that there is a sanitary system acting in conjunction with dispensary relief, which has brought about the most beneficial changes and constitutes the most perfect sanitary organisation in

Europe. There is less zymotic disease in Ireland than in England or Scotland. In Ireland the death-rate from zymotic disease is 1 in 208, in Scotland 1 in 194, and in England 1 in 193. Of 145,912 births registered in 1869, 131,426 were vaccinated by the dispensary surgeons. In Dublin, with a population of 314,000, there have been only 17 cases of small-pox and two deaths, and nearly all these were imported cases. The annual expenditure on medical relief for the five millions and a half of Ireland amounts to £133,000; and the expenditure on medical relief for the twenty-two millions of England and Wales, which includes the subscriptions of Boards of Guardians to hospitals, and the cost of maintaining the sick poor at the sea-side hospitals, is only £282,180. If our expenditure on medical relief were raised to the Irish standard, the outlay, in round numbers, would be £532,884, or an additional outlay of £250,884, a sum which the experience of the working of the Medical Charities Act tells us would be speedily recouped by the improved health of the humbler classes, and, therefore, diminished poor-relief expenditure.

The first resolution was moved by Mr. CORRANCE, who, by an admirable speech, proved that he was thoroughly acquainted with the subject. He was prepared to take steps for submitting a Bill for the introduction of the Irish Medical Charities Act into this country, as he was convinced that could we once remove the sick from the category of paupers, there would be little else left. He moved, "That this meeting, considering the present inefficient system of Poor-law medical relief in the United Kingdom, as contrasted with the beneficial and economic arrangements which have existed in Ireland since the introduction of the Medical Charities Act of 1852, are of opinion that the adoption of a similar system here would prove highly beneficial to the sick poor, and in its results eminently economical to the ratepayers."

The resolution was seconded by Mr. BENSON BAKER, and carried unanimously.

It was then moved by Dr. HARDING, lately one of the public vaccinators in St. Pancras, "That this meeting regrets that, at a time of epidemic of small-pox, the Privy Council has advised guardians to lessen the facilities for vaccination by the dismissal of district vaccinators, and the appointment of one vaccinator to large areas and populations, as in Marylebone and St. Pancras. This meeting further suggests that evidence from district medical officers should be taken by the Parliamentary Committee at present sitting on the vaccination question."

Mr. KNIGHT, M.P., said that he had acted as Parliamentary Secretary of the Poor-law Board, and during his period of office nothing had appalled him so much as the position and treatment of the medical officers of the Poor Law. But no good would be done whilst the present permanent officials were in power. They sat on every one, and it was owing to them that the dispensary system had not been properly carried out in London. He was glad that the Poor-law medical officers were agitating, and he would render them every assistance in his power.

The following resolution was also passed, "That the Council of the Poor-law Medical Officers' Association, having fully considered the unjust prosecution of Dr. Defriez, one of the district medical officers of Bethnal-green, beg to tender to him their heartfelt sympathy for the mental anxiety to which he has been so unjustly subjected. They congratulate him on the result of the trial, and express their determination to open a subscription in order to relieve him of his legal expenses."

A subscription was entered into by many members present, the particulars of which we propose to publish next week.

THE SMALL-POX EPIDEMIC.

THERE is no subsidence of the epidemic in London. The number of fresh cases is about 700 in the week. There is a slight diminution in St. Pancras, but an increase in Islington, Holborn, St. Luke's, Hackney, and St. Saviour's. All the hospitals are full, and the refusals of admission are numerous. We were in error in stating that the numbers in the Hampstead Hospital are in excess of the orders of the Poor-law Board. But considering that all the cases are severe, it seems to us that everyone should have the full complement of 2000 cubic feet, whereas the average is not more than 1600, and in the children's wards it is only 800 cubic feet. The Admiralty have placed a larger ship (the *Ajax*) at the disposal of the Metropolitan Asylums Managers.

LESSONS OF THE EPIDEMIC.

Dr. Seaton has contributed some excellent remarks on the lessons to be derived from the present epidemic of small-pox. He says the present epidemic must be taken as evidence either that vaccination has been much neglected, or that the professional work of vaccination has been very imperfectly done. But what is neglect? If only 5 per cent. of the population of London are unvaccinated we should have 160,000 persons ready to receive and propagate the disease. Procrastination has more to do with the question than positive objection to vaccination. The two chief grounds of objection are: First, that vaccination really does not protect from small-pox, because so many vaccinated persons suffer out of proportion to the unvaccinated. The answer to this is that now the vaccinated form really the great bulk of the community. When the vaccinated, as in the early days of vaccination, constituted a small part of the community, and people saw the comparative security of this class, it was the wonderful protectiveness of vaccination which would strike their minds; but now, the memory of small-pox having almost died away, it is the exceptions which strike. It is more difficult to handle the second objection, that vaccination produces ill-health, and may implant other diseases—such as syphilis—in the constitution. But the first of these may be met by explaining the operation of febrile disturbance in bringing latent diseases into activity, by showing how erysipelas may be traceable to causes independent of the vaccination itself, and the extreme rarity of the occurrence of syphilitic inoculation—such rarity that vaccinators on the largest scale have passed through long lives without meeting with an instance of such an accident. But, apart from patient explanation of this kind, parents should be able to *see* that medical men are careful in the selection of their vaccinifers, and do for their children exactly what they would do for their own. Dr. Seaton further advocates instruction in the advantages of vaccination, as a part of the elementary teachings on health which ought to be given in every school. Finally, in view of the state in which we are now as regards vaccination, he insists that revaccination should not be left to periods of panic, but should be performed as systematically at sixteen years of age as primary vaccination is at six weeks or two months.

THE DANGER OF LARGE SMALL-POX HOSPITALS.

It is almost impossible to resist the complaints of persons who are residing in close proximity to the mass of contagious material which is now being accumulated in the small-pox hospitals. Complaints are made at Hampstead, where it is stated that several fatal cases have occurred in immediate proximity to the hospital. Similar complaints have been made at Stockwell, where 630 patients are now located on a space of ground originally intended for the accommodation of less than half that number. In Liverpool the residents near the workhouse hospital at Toxteth-park have brought forward very substantial evidence of the disease having extended from the temporary small-pox wards to the neighbouring houses. We have repeatedly condemned the aggregation of such large numbers of small-pox patients under one roof, and in the interests of the community we venture once more to state, that no hospital for the treatment of acute cases of small-pox should be permitted to take in more than 100 cases, and that no convalescent hospital should treat more than 300. A metropolitan member would render great service by asking a question on this most important point.

SMALL-POX AND VACCINATION IN SOUTHAMPTON.

For the last eight months small-pox has been present in Southampton, and is now epidemic. There are now said to be 600 cases under treatment, and there are 360 under the charge of the parochial medical officers. The mortality during the week ending April 29th was 28—that is, five and a half times greater than that of London, or equal to 1700 deaths per week in London. Meantime the workhouse is full, and the parochial medical officers have been

forbidden to send in any fresh cases. The Sanitary Committee of the Council have hired some houses, but they have informed the medical practitioners that no pauper patients would be taken in; so between the corporation and the guardians, who both have to deal with the same question, it seems probable that the epidemic will continue to extend, and the undertakers reap the chief benefit.

During the progress of the epidemic the guardians have been repeatedly requested to facilitate publi vaccination and revaccination elsewhere than at the stations; but bound down by the restrictions of the Privy Council, they have as continuously refused to do so. The public vaccinators have done all they could to get other medical men put on to assist them, and about a fortnight ago the mayor assumed the responsibility of requesting them to appoint deputies. After a few days the new arrangements were in full action, but, being found illegal, they were discontinued, hundreds being turned away nightly from the surgeries of those who were vaccinating. The order of the guardians and the sanction of my Lords of the Privy Council having been at length obtained, vaccination has again commenced. If this history does not point most clearly to some alteration of our vaccination laws we shall be quite hopeless for the cause of common sense.

THE VACCINATION STATION AT LINCOLN.

The Guardians of the Lincoln Union have resolved that the union workhouse shall be the only vaccination station for the city. The result is that mothers will have to drag their children a mile, culminating with the ascent of one of the steepest hills in the county. Is this arrangement necessary to secure stational vaccination, or is its object to make vaccination unpopular by making it inconvenient, and by associating it as closely as possible with the idea of pauperism? If so, who will interfere?

A PETITION TO PARLIAMENT.

WE again publish a form of petition suitable for use by those who approve THE LANCET Bill. We have received many expressions of approval, and hope ere the second reading to receive many more. Petitions may be forwarded to Dr. Lush, Dr. Brewer, at the House of Commons, or to ourselves.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

Your petitioner is a member of the medical profession, and, as such, is deeply interested in any legislation which seeks to improve medical education and to increase the efficiency of the examinations through which entrance into that profession is obtained.

It has been abundantly shown in the discussions of your honourable House, and of the General Medical Council, that many persons who are quite unfit to discharge medical duties receive, nevertheless, diplomas or licences from some of the corporations now empowered to grant them.

Your petitioner is of opinion that the radical evil of the system by which, at present, licences to practise the various branches of medicine are procured, consists in the large number of bodies which grant such licences, and which depend for their income mainly upon the fees paid by those who pass their examinations. The inevitable consequence is a sharp competition between the various bodies, and a tendency to laxity in the examinations.

This evil is all the greater by reason of the fact that the various licensing bodies are virtually uncontrolled by the existing General Medical Council, which is made up, to the extent of three-fourths, by representatives of the very bodies which it exists to supervise and regulate.

Your petitioner believes that a Bill, now before your honourable House, entitled, "An Act to amend the law relating to the qualification, education, and registration of practitioners in medicine and surgery," by establishing a smaller and more independent Medical Council, giving it complete power to regulate medical education, and making it responsible for the appointment of one efficient Board of Examiners in medicine in each division of the United Kingdom, entirely independent of the corporations, to examine all persons entering the profession, will best rectify the evils justly complained of.

Your petitioner, therefore, earnestly prays the members of your honourable House to give every support to this measure, so that it may become law with as little delay as possible.

And your petitioner will ever pray.

Correspondence.

"Audi alteram partem."

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—I am glad to see that attention has been called, through your columns, to that prodigious evil in our otherwise noble charity, the Royal Medical Benevolent College, and in many kindred institutions—the present system of canvassing for votes. To my mind it is like meting out good with one hand, and evil with the other, to permit and encourage such a vicious system. The months and years of ceaseless wear and tear of body and mind, the waste of scanty and often hard-earned means, the break-down of health from anxiety and begging, often resulting in the wretched failure to obtain the desired end, must be painfully familiar to all of us. I have listened again and again to the same sad story. And is it not a sad one to find that too often the very worst cases of distress, having the fewest friends and least means, have the smallest chance of success, just because their need is so great that it is impossible to prosecute an active canvass. If anyone doubts the truth of what I say let him pay a visit to the Freemasons' Tavern on the day of election to one of our great charities, and having watched for a time the traffic in votes, and made his reflections thereupon, let him take counsel with some who have had active experience in the matter—widow or orphan's friend—and I am sure he will find many to corroborate what I have advanced. I raised my voice against the canvassing system at the annual meeting of the College last year, and intend doing so again at the forthcoming meeting, and I trust that many of those who think as I do will attend. The objection raised by the Council, that a curtailment of the privileges of subscribers would lead to a diminution in the income of the College, is surely a futile one. No change in the manner of voting need be made; all that I desire is that canvassing on the part of candidates should be made a disqualification, and this I urge on behalf of our friendless and poverty-stricken brethren, or those whom they have left to our good offices. A carefully prepared summary of cases, perhaps a little more detailed than at present, should be prepared and sent to each governor by the Council, and the voting should be as far as possible guided by this list; this plan is adopted most successfully in the Royal Albert Orphan Asylum. Instead of the alteration leading to a decrease of support, I am convinced that many would hail with satisfaction so desirable a change, and would give more heartily and liberally to an institution divested of this serious blot upon its usefulness.

I remain, Sir, your obedient servant,

Chippenham-road, W., May 2nd, 1871. STAMFORD FELCE.

NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The Admiralty has at length done something to repair its unjust and ill-advised treatment of this branch of the public service, for which the thanks of the profession are, doubtless, largely due to the present Medical Director-General.

In a letter on "Sanitary Science Afloat," which you did me the favour to publish on December 24th, 1870, I added a P.S., in which I asked, "Why did not the Admiralty grant a good-service pension to Dr. Leonard, Inspector-General, on his retirement, he being confessedly one of the best, most respected, and most energetic officers in the service, as well as a Blane Medalist?" I presume you are aware that a Greenwich Hospital pension of £100 a year

has just been awarded to this gentleman, in addition to the half-pay of his rank. I am sure all who know him or have had the pleasure of serving under him, as I have done, will rejoice to hear it. It would be presumption on my part to suppose that my letter has had anything to do with this desirable result, or that my feeble voice and humble opinion have at all influenced the authorities in the matter; still I cannot help being much gratified that an act of injustice and apparent neglect, which I ventured to expose in your columns, has been so speedily redressed. I have only to add that it is surely high time that the present able Director-General was made a K.C.B. This honour would, doubtless, be more appreciated now than if conferred on his retirement from active service.

Those who know the value of this decoration and social distinction to the head of a great department will feel the force of this suggestion.

I am, Sir, yours faithfully,

Chesterfield, April 27th, 1871. JOHN ROSE, M.D.

GUNSHOT WOUNDS OF THE WAR.

To the Editor of THE LANCET.

SIR,—I have read with much interest Mr. Sandford Moore's remarks about the gunshot wounds of the late war, and have been much struck with his observations about the use of carbolic acid oil treatment as practised by the Prussian army surgeons.

The failure of the antiseptic treatment during the Franco-German war appears to have been caused by the inefficient way in which carbolic acid was used—that is, that the carbolic oil was not applied to gunshot wounds sufficiently early to ensure the beneficial results which experience leads to believe would have ensued had the application been made early, and even in a modified form, in accordance with Mr. Lister's recommendations.

This leads me now to draw attention to an easy and simple plan, by which, I think, all the advantages of the antiseptic system of treatment might be made available in the treatment of gunshot wounds in the event of our soldiers being engaged in active operations in the field.

In the present equipment of the British soldier a small bottle of Rangoon oil, for firelock purposes, forms a part; and I think were this oil carbolised, and the soldier instructed to wet the bandage—which also is a part of his equipment—and to apply it at once to his wounded limb, much good would result. A soldier would thus have at his command the very best application which the most experienced surgeon could apply, and at the same time have an oil which would equally suit him in paying attention to his rifle. I am, Sir, your obedient servant,

RICHARD WOLSELEY,

Glasgow, April 23rd, 1871. Surgeon, 5th Fusiliers.

OPERATIONS BY STUDENTS.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to the editorial notice contained in your impression of Saturday last in which attention is called to the fact that a dresser had performed an operation in the Guy's operating theatre before his fellow-students, and under the immediate eye of his teacher. You add also that such a proceeding was of some novelty. As the teacher referred to, I am anxious to assure you that all the members of the surgical staff at Guy's, for many years, have adopted the practice of allowing dressers to perform small operations under their supervision in the theatre, much to the advantage and appreciation of their dressers.—I am, Sir, your obedient servant,

Finsbury-square, May 1st, 1871. THOMAS BRYANT.

ON BONE-SETTING.

To the Editor of THE LANCET.

SIR,—I crave permission to tender my thanks to Mr. Prall for the assistance rendered to me by his valuable record of cases in which the movements practised by a bone-setter produced fatal mischief. I had heard of such cases as a matter of rumour, but had not previously been able to obtain an authentic account of any particular instance. Mr. Prall's letter, therefore, fills a void that my own opportunities of observation had been unable to supply; and it fully bears out his conclusion (which, indeed, I myself had already laid down) that professional discrimination must be exercised in the selection of cases. I venture to think that it in no way diminishes the value of the treatment in the hands of an educated surgeon, who would know how to discover the existence of actual articular disease.—I am, Sir, your obedient servant,

Upper Berkeley-street, May 3rd, 1871. WHARTON HOOD.

MANCHESTER MEDICO-ETHICAL ASSOCIATION AND MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Your readers, and especially those of them who are members of the British Medical Association, will be interested to learn that our letter to the editor of the *Journal* of the Association, expressing the sense of our Committee on the question of medical reform, was so exceedingly unpalatable that we have not been able to obtain its insertion even as an advertisement. Such an abuse of editorial prerogative for the suppression of opinion tells its own tale so plainly that comment is needless.—We are, Sir, yours, &c.,

JAMES HARDIE, } Hon. Secs.
C. H. BRADDON, }

May 1st, 1871.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

SMALL-POX IN IRELAND.

IN Belfast, for the week ending April 22nd, there were 21 cases of small-pox under treatment in the Belfast Union Hospital, three having been admitted that week; one case proved fatal. Of the three fresh cases, two were brought by a vessel plying between Rotterdam and Belfast.

In Dalkey, near Dublin, a fatal case lately occurred, in a gentleman who had contracted the affection whilst stopping in Belfast.

In Dublin, in the Registrar-General's Report for the 22nd of April, two deaths are registered as taking place from small-pox; one of these, however, turns out on examination to have been a case of chicken-pox.

THE VICE-PRESIDENT OF THE COLLEGE OF SURGEONS.

In addition to Dr. Darby and Mr. Kirkpatrick, whom several weeks ago I mentioned as candidates for the vice-presidency of the College, another name must now be mentioned—namely, that of Dr. Mapother, surgeon to St. Vincent's Hospital, who has announced his intention to come forward and contest the vice-chair. I believe that Dr. Darby, if he lived in Dublin, would be successful, but the Fellows of the College have an objection, for more reasons than one, to choosing a provincial president. I therefore look on the contest as uncertain, unless another candidate offers himself in the meanwhile, who would be put forward by the general voice of the profession.

SECRETARY TO THE DUBLIN HOSPITAL BOARD.

This appointment, in the gift of the Government, worth £150 a year, with only nominal duties, has now become vacant by the resignation of Dr. Phelan. There are several members of our profession in the field, but in an appointment of this sort of course the merit of the candidates is a matter of perfect indifference, whilst their political interest and religious opinions will be the criteria by which each will be judged. I may, however, state that our city member, Mr. Jonathan Pim, one of the board, is strongly antagonistic to any appointment being made, as he does not consider that the vacancy should be filled up.

LUNACY REGULATION BILL.

Owing to the determined opposition of Sir D. Corrigan, the clause compelling medical practitioners to certify in cases of lunacy without any compensation has been withdrawn by the Lord Chancellor; consequently it will be no longer possible for the Government to thrust unpaid duties upon the medical profession in this country without protest.

Dublin, May 2nd, 1871.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 2nd of May:—

Bentley, A. J. M'Donald, Edinburgh.
Budd, William A., Exeter.
Frean, Richard, Middlesex Hospital.
Giles, Peter B., Staunton-on-Wye.
Hall, Geoffry C., Portsmouth.
Kay, William Towlson, Middlesborough.
Lang, John A. T., Stoke Newington.
Langridge, George T., Bath.
Maberly, Frederick H., Exeter.
Marshall, John, Devonport.
Moore, Edward W., Chiswick.
Parrott, Edward J., Buckland.
Parsons, Francis J. C., Bridgewater.
Parsons, Joshua F., North-end, Frome.
Percival, George H., Northampton.
Pitts, Henry Y., Walton, Lancashire.
Pope, Harry C., Tring, Herts.
Prankerd, Orlando R., Langport.
Thomas, George D. P., Yeovil, Somerset.
Thompson, William, Todmorden.
West, J. G. Uvedale, Alford, Lincolnshire.
Williams, Henry, Gloucester.
Williams, Morgan, Cardiff, South Wales.

Two other candidates were examined, but failed to satisfy the Court, and were referred back to their hospital studies for six months.

The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on April 25th, 26th, and 27th:—

W. F. Lovell, H. B. L. Smith, H. G. Brigham, A. P. Sherwood, A. De Courcy Lyons, and A. E. Parker, St. George's; F. F. Bradshaw, C. B. Dalton, J. W. H. Hawton, J. Foreman, W. H. Roots, and W. O. Jennings, Guy's; J. Powell, E. M. Skerritt, Walter Shaw, W. A. Greet, P. H. Watson, H. Williams, E. W. L. Wilkins, and E. C. T. Sutcliffe, University Coll.; J. M. Willey, F. E. Jackson, T. W. Williams, J. Shuter, A. J. Venn, F. E. Turner, W. T. Whitmore, T. F. Odling, G. S. A. Waylen, H. W. Mason, R. T. Davison, W. A. Wilding, E. Milner, and G. Smith, St. Bartholomew's; Henry M. Moxon, A. MacLean, W. J. Kilner, A. B. Barnes, and W. H. Lush, St. Thomas's; W. Hutchinson, F. W. Baily, H. A. de Lautour, R. H. Kellie, V. Philps, F. M. Fay, V. G. Fay, and A. B. Barrow, King's Coll.; E. C. Stirling, Cambridge and St. George's; C. Blyth, G. C. Smith, W. J. H. Wood, and Wm. Strother, Glasgow; W. E. Ledyard, Toronto and St. Thomas's; A. J. King, H. Lawrence, W. J. C. Whitfield, and C. W. Belfield, Bristol; J. E. Harmer, T. Buckle, and J. P. Massingham, Birmingham; J. Daniel, J. E. Allen, and F. H. Walmsley, Manchester; W. A. Kennedy, J. T. Callcott, and W. P. Maddison, Newcastle; A. E. Cave, London Hospital; W. L. Penny, Middlesex Hospital; J. J. Johnston, Newcastle and Westminster Hospital; J. Grant and W. C. Warne, Edinburgh; W. A. Anderson, St. Mary's.

Of the 104 candidates examined on the above days, 32 failed to satisfy the Court, and were referred for a period of three months to further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 27th:—

Baumgartner, John Richard, Gorleston, Norfolk.
Bernard, David Edward, Bristol.
Burroughs, John E. Buckland, Lee, Kent.
Hood, Donald W. Chas., Guy's Hospital.
Parsons, Joshua Frederick, Frome, Somerset.
Percival, George Henry, Northampton.
Stothard, James, Hull.
Tudge, James M'Dougall, Hereford.
Whitmarsh, John Lloyd, Chippenham.

As Assistant in Compounding and Dispensing Medicines:—

Saunders, Charles Price, Haverfordwest.

At the preliminary examination in Arts held at the Hall on April 28th and 29th, 84 candidates presented themselves, of whom 26 were rejected, and the following 58 passed and received certificates of proficiency in General Education:—

FIRST CLASS (order of merit).—1. Frederick Newland Pedley and Frederick Montague Pope. 3. Percy George Kerans and Richard Burdett Sellers.

SECOND CLASS.—T. C. Barlow, G. E. Bearpark, G. A. Boodle, S. Braithwaite, W. M. Burgess, J. S. Clowes, W. W. Colborne, A. Wyatt Crane, H. L. Crocker, F. Howard Davis, George Davis, R. J. de Korte, J. Watson Ellis, H. W. B. Gamble, J. G. Gravely, H. Hawkins, Augustus W. Higgs, J. J. Hitchins, H. O. Holderness, Robert Howard, Wynne P. Hulme, George Charles Karop, E. F. McDonogh, Joseph H. Marsh, Walter F. Mayne, C. F. Newland, R. A. Newton, J. L. Parke, Henry P. Potter, Walter Pratt, Alfred Rawlings, Thomas Richards, Godfrey Charles Röhrs, F. W. Romano, Robert Sagar, W. M. Satchell, Ferdinand Clarence Smith, Gerard Henry Smith, Tom Smith, W. Ernest Snook, Thomas Standly, Bailey Strange, Alfred Stillwell, D'Arcy Sugden, Thomas S. Sutton, Horace Sworder, Arthur Thomas, Harold Thompson, William Harry Vickerstaff, Frederick Joseph Waldo, George James Ward, James Warner, Francis Henry Weekes, and Henry Wright.

NEWS has been received from Zanzibar that Dr. Livingstone was alive and well, but destitute.

THE shareholders of the Roman Gavels Mining Company have presented to their late chairman, A. G. Brookes, Esq., M.R.C.S., a very handsome silver tea tray and three waiters, in testimony of his valuable services as their chairman during the period of eleven years.

DURING the last three months there has not been any death from cholera, small-pox, or other epidemic disease among the European troops stationed in the Madras Presidency; and, with the exception of the death of a soldier from cholera, there has been no fatal case from the effects of these diseases among those troops during the past five months.

Medical Appointments.

BARKLEY, W., L.D.S.R.C.S.E., has been appointed Dental Surgeon to the Worcester General Infirmary.

BRIGGS, G. C., L.S.A., has been appointed Resident Accoucheur to King's College Hospital.

BURRUP-GIBSON, J., M.A., M.D., &c., has been appointed Admiralty Surgeon for Holy Island, vice Coard, deceased.

DORAN, A. H. G., M.R.C.S.E., has been appointed House-Physician to St. Bartholomew's Hospital.

EVERY, E. H., M.R.C.S.E., has been appointed Medical Officer for the Constantine District of the Falmouth Union.

GARDEN, Mr. R. J., has been appointed Surgeon's Resident Assistant, Royal Infirmary, Aberdeen, vice Dr. Milne, whose appointment has expired.

GARNHAM, D. J., M.R.C.S.E., has been appointed Medical Officer for Districts 2 and 11 of the Lincoln Union.

GITTENS, T. J., M.R.C.S.E., has been appointed Surgeon Superintendent to the Lota and Coronel Coal Mining and Copper Establishment at Lota, Chili, South America.

GREALY, J. W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Cloonbur Dispensary District No. 2 of the Oughterard Union, Co. Galway, vice Wm. Finlay, L.K.Q.C.P.I., L.R.C.S.I., resigned.

HAMERTON, E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Elland District of the Halifax Union, Yorkshire, vice J. Riley, M.R.C.S.E., resigned.

HAMILTON, R., M.D., M.R.C.S.E., has been appointed an Hon. Physician to the Westminster General Dispensary, Gerrard-street, Soho, vice J. C. Torry, M.D., M.R.C.P.L., resigned.

HILTON, C. S., M.D., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Ormskirk Union, Lancashire, vice J. D. Foster, M.D.

HOPE, W., M.D., M.R.C.P.L., has been appointed Physician to the In-patients of Queen Charlotte's Lying-in Hospital, Marylebone-road.

JONES, G., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer for the Saxstead District of the Hoxne Union, Suffolk, vice Wilson, deceased.

LINDSAY, A., M.B. L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Brough District of the East Ward Union, Westmoreland, vice C. C. Mayne, M.B., C.M., resigned.

MACDERMOTT, S., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballaghadereen Dispensary District of the Castlerea Union, vice A. Dillon, M.D., resigned.

M'FADYEN, D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Lochbroom, Co. Ross and Cromarty, vice Smith, resigned.

MICKLE, W. J., M.D., M.R.C.S.E., has been appointed Assistant Medical Officer to the Derbyshire Lunatic Asylum, Mickleover, vice W. H. Reed, M.R.C.S.E., resigned.

PARSONS, F. J. C., M.R.C.S.E., L.R.C.P.L., has been appointed House-Physician to King's College Hospital.

REID, Mr. R. W., has been appointed Physician's Resident Assistant, Royal Infirmary, Aberdeen, vice Dr. Lawrence, whose term of office had expired.

ROCHE, C. R., M.R.C.S.E., has been appointed House-Surgeon to King's College Hospital.

TAYLOR, A. C., M.B., has been appointed Medical Officer for the West District of the Bingham Union, Nottinghamshire.

TOSSWILL, L. H., M.B., M.R.C.S.E., has been elected House-Surgeon and Apothecary to the Devon and Exeter Hospital.

WALKER, W. H., M.D., L.R.C.P.Ed., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Barton District of the Darlington Union, vice J. A. Haslewood, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BARBER.—On the 2nd inst., at Ulverston, the wife of H. Barber, M.D., of a daughter.

BLECKLEY.—On the 29th of March, at Simla, the wife of T. M. Bleckley, M.B., Staff Surgeon Army, of a son.

O'KEEFE.—On the 20th ult., at Lugsdale Villa, Widnes, the wife of Dr. O'Keefe, of a son.

STARK.—On the 30th ult., at Barrow-in-Furness, the wife of P. W. Stark, M.D., of a daughter.

TURLE.—On the 30th ult., at Cromwell Villa, Pinchley-road, the wife of James Turle, M.D., of a daughter.

MARRIAGES.

BAIRD—FEARON.—On the 26th ult., at St. Paul's, Carlisle, James T. W. Baird, M.B., C.M., &c., of Congleton, Cheshire, to Frances Hall Fearon, eldest daughter of the late J. C. Fearon, Esq., C.E., of Gilcrux, Cumberland.

MACARTHUR—FLAVELLE.—On the 25th ult., Peter Macarthur, M.D., of Ballymoney, Ireland, to Janie Greer Flavelle, niece of W. A. Keers, Esq., of Slaneney House, Ireland.

WILSON—RYAN.—On the 27th ult., at St. Peter's Church, Dublin, Dr. Thos. Wilson, Surgeon, of Alton, Hampshire, eldest son of Geo. Wilson, Esq., of Coldstream, N.B., to Aimée Sarah Ryan, second daughter of M. Ryan, M.D., F.R.C.S.E., of Upper Leeson-street, Dublin.

WOODS—DUCK.—On the 27th ult., at Holy Trinity Church, Southport, Geo. Arthur Woods, L.R.C.P., M.R.C.S., eldest son of Geo. Woods, F.R.C.S., to Lilias, youngest daughter of the late Robt. Dusk, Esq., of Norwood, Alderleyedge, Cheshire.

DEATHS.

BIRCH.—On the 28th ult., at Bristol, De Burgh Birch, M.D., late Madras Medical Service.

COCHRAN.—On the 24th ult., Alexander Cochran, M.D., L.F.P. & S. Glas., of Auchterarder, Perthshire.

KINGSTONE.—On the 31st of March, at Fort George, Bombay, Henry C. Kingstone, M.B., Surgeon Bombay Service.

MALTBY.—On the 26th ult., at Rock Villa, Mellvill, Manchester, John F. Maltby, Surgeon, aged 26.

MORRIS.—On the 22nd ult., J. T. Morris, M.D., of Deddington, Oxfordshire, aged 38.

O'DONNELL.—At Kilrush, Co. Clare, Thomas Blood O'Donnell, L.K.Q.P.I., M.R.C.S.E.

STEWART.—On the 6th of Feb., on board H.M.'s Ship "Melville," at Hong Kong, H. C. Stewart, M.R.C.S.E.

WOOD.—On the 2nd inst., at Warrington-street, Ashton-under-Lyne, Robt. Wood, F.R.C.S., aged 60.—No Cards.

Medical Diary of the Week.

Monday, May 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.

Tuesday, May 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Chas. Brooke, "On Force and Energy."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Adjourned Discussion on Mr. Hutchinson's "Cases of Vaccino-Syphilis."—Dr. Elam, "On Partial Acute Idiopathic Cerebritis."

Wednesday, May 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Inspector-General Lawson, "On Cholera in Ships."

Thursday, May 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Sound."

Friday, May 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Cooper Forster, "On a Case of Naso-Pharyngeal Polypus." — Dr. Buzzard, "On a Case of Cervico-Brachial Neuralgia treated by the Constant Current."—Mr. J. W. Haward, "On Cases of Distension of the Antrum of Highmore."—Dr. Anstie, "On a Case of Syphilitic Trigeminal Neuralgia, with Loss of Smell and Taste, and Paralysis of Ocular Muscles."
ROYAL INSTITUTION.—9 P.M. Col. Jervois, "On the Defence of the United Kingdom."

Saturday, May 13.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

Notes, Short Comments, and Answers to Correspondents.

MILITARY MANŒUVRES AT ALDERSHOT.

To judge from some late divisional orders and various signs of activity at Aldershot Camp, we may expect that a system of manœuvring with flying columns, and other operations upon a more extended scale, will be carried out during the present summer. The medical arrangements comprehend the nomination of medical officers to accompany the various brigades, and the issue of instructions to them as to the removal and treatment of the sick and the provision of medical equipment. The instructions for medical officers accompanying flying columns on ordinary occasions provide, among other things, that each regimental medical officer will arrange for one of the permanent hospital orderlies of his own corps to accompany him. Ambulances in the proportion of one per regiment will be issued by the Deputy Controller; the ambulances being under the orders of the senior medical officer of the brigade, who will also indent on the Control department, through his commanding officer, for the necessary field equipment, for a waggon for the transport of hospital equipment, and for a horse and pack saddle for the carriage of the medical panniers, a pair of which are to be obtained from the Apothecary to the Forces. A bell tent, two small water tubs, and five water decks are to be carried regimentally for the use of the sick, and every medical officer will take the regimental "Medical Field Companion" with him. The senior medical officer of the brigade is to make arrangements for the treatment or disposal of all cases that cannot be treated properly on field rations, &c. When more extensive preparations for the care of the sick may become necessary, the principle is laid down on which the supply of these is to be regulated.

Constant Reader.—Our correspondent will see by our advertising columns that Dr. Hood is about to publish on the subject.

ON ARTIFICIAL TEETH ETC. IMPACTED IN THE ŒSOPHAGUS.

To the Editor of THE LANCET.

SIR,—The important article by Mr. Henry Smith, published in your impression of April 1st, presents matter for reflection on a subject which always gives anxiety to the medical attendant when he has practically to relieve his patient. The patient's embarrassment and distress are great, and his demands urgent. We know at once what is the most desirable thing to be achieved—namely, to extract the substance; but all who have tried will, like Mr. Smith, find that this operation, so small in itself, is exceedingly perplexing, and sometimes utterly beyond accomplishment. What is then to be done? Unquestionably, if the substance cannot be withdrawn, it must, if possible, be forced, as Mr. Smith did, into the stomach. This act, however, is only eluding the robber at the entrance of the wood, with a great probability of falling into his hands at some other point, where possibly no assistance whatever can be obtained. I have on different occasions encountered this difficulty; but, to save your space, I shall recount only one instance typical alike of the difficulty presented, and pointing to the suggestion I am about to offer.

To a lady I was suddenly called in the country, and being informed that a fish-bone was lodged in the gullet, I prepared like Mr. Smith accordingly, but no efforts to reach the bone by hook or forceps were successful. The case became urgent, and then I determined to pass the sponge-pointed probang, with the view of sending the bone into the stomach. This intention, however, the clinging bone would not yield to; but, to my pleasure, instead of its being forced in that direction, it attached itself *sine mora* to the sponge, and was so effectually withdrawn. It was the bone of a pike, and in pattern might have passed for a primitive fish-hook. The sponge was covered with blood.

After considering well this matter, and knowing what serious danger is involved in sending indigestible mineral teeth with their metallic plates and remorseless hooks through the intestines, I feel it is a duty owing by every medical man to his patient that no rational expedient should be left untried to prevent the risk of such grave consequences. I have, therefore, devised, and purpose upon the next opportunity to use, a simple instrument of the following description, trusting that in the meantime my brother-practitioners will, if they consider the suggestion valuable, avail themselves of it, and publish the results. To a piece of whalebone or other flexible material, about sixteen inches in length, instead of the ordinary sponge of the probang, let there be securely fastened several loops of bristle, or the gut used by anglers to their hooks. Let these loops be of varying lengths, from half an inch to an inch, and cross each other in several directions.

Either the bristle or the gut will be found by this arrangement sufficiently elastic to pass the impacted body or some part of it; and having done so, expand and open out the loops, so that on being withdrawn they offer numerous probabilities of engaging some of the hooks or projections of the impacted teeth or bone. Of course the private practitioner, although he will from time to time have a case of this kind until at length he could quote several, will not have frequent occasions. I would, therefore, also suggest that this inexpensive instrument should be kept in hospitals and infirmaries, dispensaries, asylums, barracks, troop and emigrant ships, and all places where patients from such accidents are most likely to present themselves.

I am, Sir, yours sincerely,
J. COOPER TOBEY, M.D., M.R.C.P.

Titchbourne-street, Hyde-park, April 3rd, 1871.

Mr. J. Collier.—If our correspondent is the authorised vaccinator for the workhouse, he can, under the plea of urgency in presence of the epidemic of small-pox, vaccinate or revaccinate any child or adult who in his judgment is not sufficiently protected against small-pox. If he is not the public vaccinator, he will require a special order from the guardians, and the consent of the Poor-law Board.

BRITISH PRACTITIONERS ABROAD.

Mr. John T. Campion, (Callao.)—British Consuls at foreign ports cannot refuse to accept the medical certificate of any practitioner who is legally entitled to practise in the country in which he is residing. Our correspondent should memorialise the Board of Trade, and enclose a list of his professional qualifications in detail, which will be referred to their medical officer for consideration and report.

Two Eagles.—Of the two dishes, Liebig gives the preference to boiled mutton.

Retropion.—The class fees at the German medical schools are low, and the cost of living is generally small. Perhaps it would be most advisable for our correspondent to take a three months' course at Berlin, where he might live at the rate of from five to six pounds a month. Vienna is a much more expensive place.

A London Undergraduate should get the fellow-students and graduates who agree with him to memorialise the Board of Examiners.

Prostate.—That by Sir H. Thompson (Churchills).

MODERN ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—As many of your readers may not have the opportunity of witnessing the effects of the two anæsthetics said to be rivals, may I ask you to publish a few words in favour of the bichloride of methylene, which is rather summarily dismissed in your article of April 22nd. My observations are based on personal experience of some hundreds of cases, and are supported by several observers who have given both the agents a fair trial.

The composition of the bichloride of methylene has not been found sufficiently uncertain by me to interfere practically with the physiological effects, and no dangerous symptoms have occurred in my practice. Doubtless Mr. Clover and Mr. Braine can show by experience that the nitrous oxide gas, properly given, is a very safe and efficient anæsthetic in certain cases, and this in spite of many strong theoretical reasons that have been advanced to prove its danger (I allude more particularly to the arguments of Dr. Richardson, published a year or two ago). Yet neither of these gentlemen will, I think, deny that some very alarming symptoms have followed its use, even by experienced administrators. But omitting these cases, the suitability of the gas in a certain class of cases does not disprove the equal or greater suitability of methylene in the majority of cases; nor ought those arguments against the use of methylene, which are either purely theoretical or only supported by a very limited experience in its administration, be allowed to outbalance the results of a more extensive experience, by which alone, as in the case of the gas, can its safety and suitability be proved. When properly administered, the bichloride of methylene is only exceptionally followed by nausea or sickness, and both of these have followed the use of the gas. As to the comparative portability of the two, your readers can judge when they find that the most compact form to which the gas and its necessarily complicated apparatus of iron bottle, bags, tubes, valves, and air-tight face-pieces has yet attained is about 16 by 7 by 6 inches, in all weighing from 7 lb. to 8 lb.; while the methylene, and its necessary apparatus of a small glass bottle, a thin leather face-piece and flannel bag, occupies a space of 6 by 4 by 3 inches, and weighs a few ounces only, not to mention the greater simplicity of administration.

As regards general surgery, although my practice is perhaps not as large as that of some of my seniors, yet, by reason of my connexion with one of the largest general hospitals, it has been sufficient to warrant me in saying that anyone who will give an impartial trial to the bichloride of methylene will rarely use any other anæsthetic in any operation, long or short. I now use no other, except when especially requested by the patient or operator, and I find it gives complete satisfaction to all concerned. I have given it for operations lasting one hour, where the operator was able to commence in three minutes, and recovery was rapid, and not followed by sickness; also for operations lasting less than a minute, where all was finished and the patient sitting up within five minutes, without the slightest unpleasant sensation. I need scarcely add that this indicates its extensive utility.

No doubt a large number of people would prefer to inhale the gas, notwithstanding the almost alarming array of apparatus, as being the least unpleasant of known anæsthetics; yet I find, on referring to my notes, that the majority do not object to the inhalation of methylene. Many relate their sensations from the commencement as entirely pleasant; some who have inhaled the gas previously have not known that a different agent had been used until they were told, and have merely remarked on the difference in the apparatus; some to whom I have administered gas and methylene, and all who have previously taken chloroform, have preferred the methylene. On the other hand, many object to the pungency and slight momentary sensation of impending suffocation caused by methylene vapour. No doubt in those dental operations where it can be safely predicted that the time required will be short, the gas will be found least unpleasant and equally suitable; but taking into consideration the complexity of the apparatus required, the greater difficulty of administration, the greater bulk even in its most compact form, in which a certain risk of explosion of the bottle under high pressure is entailed, and the usual lividity and stertor; while with methylene the simplicity of apparatus and ease of administration, the small bulk, the absence of a heavy bottle under high pressure, the absence of lividity or stertor, the ease with which the effect can be prolonged when circumstances arise to require it, the suitability to all cases—in short ones being followed by a recovery almost as rapid and perfect as after the use of gas, in long ones diminishing very much the distressing after-symptoms usually attendant on the use of chloroform,—does not the balance of advantages lie on the side of the methylene?

I enclose a description of the inhaler I use, and of the mode in which I administer the methylene (such as is sent out by the makers, Messrs. Krohne and Sesemann, with each inhaler).

I will only add, in conclusion, that I have no interest in writing this other than the desire to rescue a useful agent from banishment on insufficient trial. The appearance of an effort on the part of some to cry it down on theoretical grounds must be my excuse for expressing my opinion so strongly, and on an experience, though perhaps the largest individual one with this particular agent, yet much too small to decide without doubt its value and comparative safety.

Yours faithfully,
April 24th, 1871. RICHARD REMBLE, Surgical Registrar, Guy's Hospital.

THE VACCINATION ACT.

PRACTICAL suggestions for improving the working of the Vaccination Acts are well-timed for receiving attention just now. Mr. J. C. Salmon, of Highworth, Wilts, who has for many years been a registrar of births and deaths, suggests that the registrars of births should furnish the medical officers of vaccination districts with monthly returns of births registered, in order that the medical officers when going their rounds might be in a position to call at houses where vaccination was requisite at such times as they might have a supply of lymph available. Mr. Salmon's view is evidently that vaccination, to be effective, must be made as convenient as possible to the humbler classes, especially in rural districts, to whom long journeys to a vaccination station are in the highest degree burdensome. He sees, of course, that the adoption of a system approximating to a house-to-house visitation on the part of the vaccinators would entail an increased charge for medical services; and it is not unreasonable that, if the registrars are to be called upon for more frequent returns, they also should be remunerated for their trouble. Mr. Salmon's suggestion, though not perhaps novel, is a very good one, and it is no drawback that it aims at making public vaccination more costly than it is now. But the cheapness of the present system is, to our minds, no recommendation whatever. On the contrary, it is clear to us that if public vaccination is to be ever rendered thoroughly effective, the community at large must be prepared to pay adequately for it.

Mr. J. O. Pires.—The epitome of papers shall receive early publication.

SUBCUTANEOUS DIVISION OF THE NECK OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—The question, how much air can be introduced in subcutaneous wounds without endangering a favourable result was discussed more than thirty years ago between Messrs. Malgaigne and Jules Guérin, and has been settled by direct experiments; so I must refer Mr. Thomas Bond to the reading of those discussions brought at the period before the French Academy, and he will then convince himself that the essential difference between open and subcutaneous wounds is not so much the entrance of some air, but rather that in subcutaneous wounds immediate organisation takes place, and the entrance of *some air* will not prevent the latter process. The bone-dust question in subcutaneous wounds of bones has been settled by direct experiment nearly twenty years ago by Langenbeck (pamphlet published in 1852), and also in the later cases of Messrs. L. Stromeyer, Little, and W. Adams. It seems the bone-dust in subcutaneous wounds of bones remains in an organic state, and does not play the *rôle* of a foreign body (at least in all the known cases it did not interfere with the quick healing of subcutaneous wounds). Neither suppuration took place, nor was the bone-dust removed by syringing; so we must come to the physiological conclusion that it has been absorbed.

Your obedient servant,
Wimpole-street, May 3rd, 1871. HENRY DICK.

H. F., (Oxford.)—Without knowing the exact construction of the room, it would be very difficult to answer the question. Perhaps a ventilating pane in the window, or an opening in the wall with a Sheringham valve, would suffice to meet the requirements. Is there no way by which the external air could be warmed by being brought into connexion with the back of the grate, or with some warm-water apparatus?

Mr. S. Craddock, (Shipton Mallet.)—The two cases shall receive early publication.

OUT-PATIENT HOSPITAL REFORM.

To the Editor of THE LANCET.

SIR,—I trust the new Committee will be fortunate in obtaining funds for carrying out their worthy object. It is much to be regretted that members of our profession in London, as well as in the provinces, should not see the desirability of active co-operation to improve a state of things which ought no longer to exist. A few shillings from every medical man would provide ample funds for the purpose; and after Dr. Meadows's appeal in your journal of the 29th inst., it will be hard if the new Committee does not receive more encouragement than has been accorded to the old one. Dr. Meadows's letter would rather lead one to infer that "ten shillings" only was received by the old Committee. I would inquire whether all the sums received have been acknowledged in the journals; and, if not, I would suggest that this should be done in future.

Surely there are many well-to-do members of our profession who will yet come handsomely forward to assist an object so worthy in every way, and in the meantime our warmest thanks are due to Dr. Meadows and those gentlemen who have formed the old and the new Committees.

I am, Sir, your obedient servant,
Manchester-square, April 30th, 1871. W. H. DAY, M.D.

Dr. Burrup-Gibson will find the information he requires in Dr. Althaus's work on Electricity. The apparatus is simply a galvanic battery, the price of which will depend on the number of cells and on the size and nature of the elements.

COLLEGE OF SURGEONS EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—We have noticed several letters in your journal during the last few months, complaining of the hard and, from the tone of the epistles we were led to believe, ungentlemanly handling that candidates experienced at the College of Surgeons examinations.

Now, it happened that we and some friends were examined by these same dreaded surgeons last week, and found them *most courteous* and *gentlemanly*. There is no doubt that it must be very irritating for the examiners to have their time wasted in examining men who know nothing about their work. But judging from the considerate way in which we were treated, no bullying could be carried on in the examining theatre of the College of Surgeons of London.

We are, your obedient servants,
May 1st, 1871. Nos. 21 & 33.

THE NEW BUILDING OF THE UNIVERSITY OF LONDON.

AT the last meeting of the Annual Committee of Convocation of the University of London, the following resolutions were adopted:—"That, in the opinion of this Committee, it is very desirable for the Senate to take such steps as may be necessary to obtain the transference of the University building into the possession of the University"; and also "that this Committee believes that it would greatly conduce to the interest of the University if it administered its own funds on its own responsibility, receiving from Parliament a grant of a fixed sum in aid." We imagine that practically the building is in the hands of the University authorities. It is never used for any special purpose without the sanction of the Senate; but we can quite understand the wish of the graduates that it should be formally and entirely given over to the Senate. Abuses detrimental to the interests of the University may readily spring up from the existing system, under which it is expected that the use of the building will certainly be granted for all kinds of public examinations, though it is perhaps true that nothing of the kind has as yet occurred. The question involved in the second of the two resolutions is a more difficult one, and we shall be anxious to see what view the Senate takes of the matter.

SMALL-POX AND VACCINATION AT CALLINGTON.

To the Editor of THE LANCET.

SIR,—I have during the last nine months attended about fifty cases of small-pox in this neighbourhood, with the following results: Two deaths—one, a child, two months old, unvaccinated; and the other, a young man, aged twenty-four years, also unvaccinated. Many of these cases were confluent. The treatment consisted of carbolic acid, both internally and as a disinfectant, in every case. The preparations used were those of Messrs. F. C. Calvert and Co., Manchester. I consider the public is indebted to Messrs. Calvert and Co. for their superior production.

The appearance of small-pox in this locality points unmistakably to the absolute necessity of revaccination. Almost the whole of these fifty cases occurred to heads of families and adults; whilst under the same roof, and similar circumstances in every respect, the younger members were passed over. I have observed in many instances the father and mother were attacked, while six or seven of a family escaped the contagion, no doubt because more recently vaccinated. Four only out of the fifty were under twelve years, and these were not vaccinated.

Yours truly,
Callington, Cornwall, April 22nd, 1871. A. MACKINTOSH, M.D.

THE "General Committee for Securing a Complete Medical Education to Women in Edinburgh" is the correct title of the Association to which we referred a correspondent the other day.

WE regret, in consequence of the pressure of other duties, to be obliged to postpone answers to various correspondents till next week.

REPORT OF A CASE WITH CONTRACTED KNEE-JOINTS.

To the Editor of THE LANCET.

SIR,—A report of the following case may be of some interest at the present time, in consequence of Dr. Hood's revelations of a bone-setter. The case occurred to me a few years ago, and caused some slight annoyance to the practitioner that originally attended.

Ellen ——, aged sixteen, a girl of delicate frame, somewhat emaciated, suffered from typhoid fever eight months before. Had sloughing to a considerable extent over sacrum and left trochanter, which had not completely healed at my visit. She was in a half-sitting posture, with both lower extremities flexed, so that the tendo Achillis of each leg was not more than five to six inches from posterior part of thigh, with inability to straighten further. The patient stated that her feet seemed to get further under. The joints were not dislocated, but the contraction appeared to be outside; tendons behind were firm, and apparently unyielding. Thinking that after the girl had recovered a little flesh, and the sores healed, forcible extension would be of use, I determined after a week or ten days to commence. An apparatus was applied to each leg, something in make after the usual leg and thigh splint, and forcible extension employed until both became almost straight, retaining them in position by bandaging. Only in one knee had I any fear of mischief; but after a few days it subsided. The girl was able to walk about in the course of two or three weeks. The case had been recommended to a large hospital for division of tendons.

Had this case fallen into the hands of a bone-setter, both knees would have been "out," and the case heralded forth to the detriment of the profession. I may say this is not a solitary one that I have seen, though it is the worst.

Your obedient servant,
Bury, April 17th, 1871. A. H. MORRILL, M.R.C.S. Eng.

M.R.C.S., (Suffolk.)—A candidate for a naval assistant-surgeoncy will, on producing the required certificates, be examined in Anatomy, Surgery, Physiology, Medicine, Chemistry, Materia Medica, Midwifery, and Botany. For further particulars see the Students' Number of THE LANCET. The next examination will be held in August.

THE GOVERNMENT GRATUITY TO PUBLIC VACCINATORS.

To the Editor of THE LANCET.

SIR,—The Government inspector of vaccination visited Kendal in September, 1870, to examine and report on the cases vaccinated. Do you not think it is quite time we heard something as to our success in obtaining the gratuity? The inspector reported most favourably to the guardians, and I may mention that two years ago I got the full sum granted by Government—that is, 1s. per case, in all £26.

I am, Sir, yours truly,
Kendal, April 15th, 1871. ROBT. T. LEEMING.

*** We confess ourselves quite at a loss as to the principle upon which the gratuity is given, and what relation it bears to the visits of the inspector with respect to time. There is a sort of indefinite promise that the regulations will be published in the next Report of the Medical Officer of the Privy Council.—ED. L.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Advocating as you do the side of justice and the injured, it would not be trespassing upon your time and columns to make known the disappointment of the Indian candidates which the announcement of the India Office concerning the Indian medical service examination has occasioned to them. Announcements that, when read by a party unconcerned appear quite harmless and inoffensive, carry with them a different impression when they go home to those whose prospective career of life depends upon the favourable or unfavourable decision of the oracle. I do not write these lines, Sir, to excite mere idle pity or compassion; but I wish to draw the attention of the profession to the fact whether or not our cause has been unjustly dealt with; for if so, with such honourable members as Dr. Playfair, Mr. Dalrymple, and Mr. Brady to represent the profession in the House of Commons, are we to give up our cause as hopeless and beyond redress? Surely it would not speak much for the justice of the British nation or for their kindheartedness if the appeal I now make to their national sympathy were to pass without a kind response. Whilst, therefore, I earnestly hope for their co-operation, I submit to you the facts bearing on the question, which may be judged on their own merits.

In August, 1869, more than thirty vacancies were announced. In February, 1870, only ten such appointments were conferred. In August, 1870, no examination was held. When his Grace the Duke of Argyll was memorialised by the disappointed candidates, they were informed that the smallness of the number on the former occasion was a favour that was granted to prevent disappointment, although there existed no actual vacancy at the time. We have thus ten extra men thrown upon the Indian Government at a time when there did not exist any actual necessity for their service; and what was urged with greater reason was, that the Indian finance was then in a hopeless state of deficit. It was, however, hoped, and I venture to add we were made to believe, that as soon as those persons were duly provided the service would be again thrown open.

Now, Sir, relying upon the faith of an existing system, no less than eight candidates from India have thrown themselves upon the mercy of the British statesmen; and if after being tossed up and down, the high water were to recede and leave them on the wreck of disappointment to abide by their own lot, is there no humanity in whole Britain to stretch them out a helping hand? I was under the impression that the existing Government regulations do not admit any ifs unless distinctly implied or expressed. When it is told that "examinations are held twice in a year," my knowledge of English interpreted it to me as an assurance that could be relied upon, unless due timely warning were given to the contrary. In the absence of such timely contradictions, can we not hold the Government responsible for breach of public faith?

Secondly. Vacancies are announced according to the actual want. Only on the last occasion there was no necessity for hands; but, judging from the number of retirements and furloughs, we may well expect those ten men to have been by this time employed. If not, where do the others come from? Are we to be told that the Indian Government was actually entertaining men for some time past without any reference to the requirements of the service, and that it has only become cognisant of its error at the very time when there are eight Indian candidates to compete in the field? Although undoubtedly it is an unhappy coincidence, yet I am afraid it is liable to be misconstrued as an indication of the wishes of the State towards native elements in the service.

Thirdly. If on the last occasion ten vacancies were conferred as a favour to obviate the feeling of disappointment, what reason could be shown that the same favour should be denied to those who have equal claims to remuneration, and whose disappointment will be a hundred times more from the amount of privation they have endured?

Fourthly and lastly. Since an examination will be held sooner or later, it will exclude those from the competition who will exceed the limit of their age in the next chance, through no fault of their own.

With all the good wishes he bears to his Indian fellow-subjects, I do not think the Secretary of State would be deaf to any reasonable suggestion. If the examination be held for a limited number, and the successful candidates are made to go through the ordinary course at Netley, but not sent out with a commission until actual vacancies occur in the service (which will not be long), it will save the Government from extra expense, and relieve the disappointment of those who for the last year have been feeding on hopes, and have staked their social and official position in India to obtain the "golden cup of Tantalus." Till the time they remain unprovided they can be retained as *unpaid* officers in reserve in anticipation of future vacancies. I may here add that most of them have given up their appointments in India to attain this end; and, I repeat, will all this sacrifice go unremunerated? With earnest hope of receiving a kind attention,

I remain, Sir, your obedient servant,
Glasgow, April 24th, 1871. ONE OF THE DISAPPOINTED INDIAN CANDIDATES.

To the Editor of THE LANCET.

SIR,—In your "Medical Annotations" you allude to the announcement of the India Office, that it will not hold examinations for the Indian medical service. After thanking you for advocating our cause, may I ask you to let me know how long they will do so? Surely they do not mean to say that they will hold no more examinations. If so, to give you an idea of the sacrifices which, as you justly observe, some of us have made, I take the liberty of informing you that, on the strength of the liberty allowed very recently to natives of India to compete for the Indian army medical service, for which we were as anxious as they were reluctant to give, as other natives were for the Indian civil service, and "to make hay while the sun shines," I have not only separated from my own home and friends, and undertaken a long voyage all alone, but have borrowed a sum sufficient to meet my expenses of living and learning in London, and have been in one of the best schools here studying with that aim. If therefore I be told, after I have completed my studies here, that there were no further examinations to be held, would it not altogether ruin my prospects, and make me a prey to disappointment?

Hoping you will once more further urge the importance of their taking our cases into consideration, through your influential journal,

I remain, Sir, yours obediently,
May 1st, 1871. AN INDIAN.

ADVANTAGES OF ABSTINENCE FROM ALCOHOL DURING EXPOSURE TO COLD.

WE extract the following from a paper, entitled "Oinology," in the *Cincinnati Medical Repertory*, by S. E. M'Kinley, M.D. A group of men, twenty-six in number, some years ago travelling over a western plain, on a track but dimly visible by day, lost their direction when overtaken by darkness. The weather, very cold during the afternoon, became more so as night advanced. Though well provided with food, clothing, and an abundance of whisky, they had no wood or other fuel to make a fire. The occurrences of the night are given in the language of the only physician who accompanied the expedition. He was a man of good, strong, hard sense, with quite creditable medical attainments, considering the limited opportunities he had for securing them, which consisted in reading the domestic practice of Gunn, Ewell, and Thomas. He knew no more than their books could convey; but, to his credit be it spoken, he knew all they could impart. He had only heard of, but had never seen, a Medical College. Addressing the men, he said:—

"As we can't get wood, boys, we must keep warm, or at least alive, through the powers of *Madam Vis Medicatrix Naturæ*. She is all right in any weather if we don't clog her up and packer her forces. If I have got any medical knowledge at all, I am going to use it to-night, and the first thing I begin with is this: I am as fond of whisky as any man dare be; but, by the gods, the man that gets drunk to-night to keep warm won't see daylight. When the great God of the universe made man the boss workman of the earth, he made all other things first, and the elements too, not to rule over him and to kill him, but to *hunker* down to his wants. But, boys, whisky was *scored* out of that bill of fare. The *vis medicatrix naturæ* is the highest of all other things, and if she ain't *splintered* up by our own d—n folly, she will ride safe through any storm. We have got to keep stirring round or huddle up in the straw of the waggons as many of us as can cram in together. Each one will keep the other warm. We must all eat as much as possible, but whisky ain't the thing..... This is what I told them all; but very few minded me. I didn't taste a drop, nor did Carter or Finley. We then huddled in together on the straw in the bottom of our waggon. We took off our boots and overcoats, and then got on the straw, and put our blankets over us, and our overcoats on the top of them. We were only cold, but did not suffer or freeze. Clark, Reily, and Tanner were very cold, and we heard them yelling nearly all night. They suffered very much, but were not frozen; they drank very little whisky, but they took several *thin drinks* in the run of the night. Seven other fellows that drank a good deal had their toes and fingers scorched, but they got over it in a few weeks. Six of the boys that drank pretty strong were badly frozen, and never got over it; and four that got very *boozy* were frozen so badly that they died three or four weeks afterwards. But Hutchinson, M'Elroy, and M'Alpin were stiff dead by daylight. They got dead drunk, and as they did not make a fuss, the other boys thought the whisky was keeping out the cold, so they drank the stronger. I tell you, Sir, they all suffered just according as they took in the whisky; those that got drunk, froze dead; those that drank less, but too much, died after a while; those that drank only moderately will feel it as long as they live; and those that took only thin drinks, were well nigh shut up. We three didn't drink any. The *vis medicatrix naturæ* brought us through. These men were all Americans; their ages ranged from 23 (M'Alpin), the youngest, to 41 (Carter), the oldest of the group. All were equally well provided, each having two blankets. All were in the bloom of life, in the best of health, and ready to encounter, and able to overcome, the hardships inseparable from a frontier life."

T. A. B.—We are not aware of any suggested modification of Dupuytren's splint—i. e., the one ordinarily employed in the treatment of Pott's fracture of the fibula.

Mr. S. Hart, (Ramsgate.)—We cannot forward private answers.—1. Yes, the University of Melbourne.—2. Two years passed at a medical school and hospital would probably count.

SMALL-POX DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—I read in your journal a short time since that you wished to hear of cases of small-pox occurring to persons pregnant. The following is interesting on account of its severity, and also as showing that patients in their confinement do recover from even confluent small-pox.

My patient, aged thirty-six, eight months pregnant, sent for me on the 23rd of February, suffering with intense pain in the back. When I arrived, I found her rolling on the floor, the agony was so great; very little sickness. I asked if she thought she was in labour, and she said she was quite certain she was not, as the pain in the back was quite different from what she had experienced before. About thirty-six hours after, I was hastily summoned to her, and she was soon delivered of a healthy child. The pains in the back continued, and the vomiting increased; and on my visiting her on the 26th, I discovered her face covered with an eruption, which very soon assumed the confluent form of the disease. She had severe hæmorrhage from the bowels, delirium at night; but ultimately the patient did well, and recovered. The infant took the disease fourteen days after, and on the third day died.

Yours obediently,
Highgate-road, April 28th, 1871. R. T. WARN, M.R.C.S. Eng.

Mr. Young, (Suffolk.)—The pig is by no means the only animal subject to parasites that may prove injurious to human beings. The cyst affecting the flesh of the ox, cow, and calf, for instance, develops in the human subject into the Tænia mediocanellata, the most common variety of tapeworm in India and the Mediterranean. In Iceland the echinococcus disease that prevails to a large extent among the inhabitants is supposed to be derived from the liver "flukes" affecting sheep and cattle, which in their turn obtain these from the tapeworm of dogs. The main thing to be attended to is unquestionably the thorough cooking of all suspected meat, and the avoidance of all underdone parts. The temperature of boiling water would, no doubt, prove effective; but the interior of a piece of meat that is underdone is far from having reached 212° F.

A CURIOSITY OF THE WAR.

Mr. E. C. Jenner, of King-street, Westminster, writes to say that, after having failed to recover the diplomas granted in 1801 by the University of Paris to his illustrious father, they were recently found by a German soldier among the papers of M. Rouher, the ex-Imperial Minister, and transmitted from Munich by Gustav von Schraädel.

T. H. H., (Compton-street.)—The medicines are in no respect superior to the tonics ordinarily prescribed. Consult some respectable practitioner.

Mr. Victor Hardings.—We know nothing of the article referred to. Our correspondent had better follow the advice of his regular medical attendant.

E. J. P.—Certainly not. If the attendance be long and onerous, our correspondent is entitled to charge just as if she had been attended by another practitioner.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. T. Bryant; Mr. C. F. Maunder; Mr. Knight, Rotherham; Mr. Durham; Dr. Moir, Tongue; Dr. Macarthur, West Hartlepool; Dr. Herbert, 40th Regiment; Mr. Dunwoodie, Portsmouth; Mr. Taylor, Sheffield; Mr. T. J. Gittens, Swindon; Mr. Hires; Mr. Craddock; Dr. Pires; Dr. Hope; Mr. Stoney; Mr. Weaver, Wolverhampton; Mr. Wynne; Mr. Warren; Mr. Young; Dr. Morvill, Great Marlow; Mr. Addison; Mr. Buck; Mr. Taylor, Birmingham; Mr. Black; Mr. B. Gibson, Belford; Dr. Edis, Doncaster; Mr. R. Coles, Rayleigh; Mr. Evans; Mr. Ware; Dr. Dixie, Wellington; Dr. Macdonald, Ardnamichan; Mr. Wheatley; Dr. Smith; Mr. Bosman; Mr. Lee; Dr. O'Keeffe, Widnes; Mr. Little; Mr. Relfe; Dr. MacGregor; Dr. Butler, Hackney; Mr. H. Carmichael, Dublin; Mr. L. C. Townsend, Naggsin; Mr. Watson; Mr. Fisher; Mr. Thompson; Mr. Morrill, Bury; Mr. Barkley, Worcester; Mr. Broome; Mr. Porter; Mr. Grove, Sydenham; Dr. W. H. Day; Mr. Olding; Mr. Wilks; Dr. Crowther, Hogsthorpe; Mr. Doran; Messrs. Black, Edinburgh; Dr. Thorne Thorne; Dr. Yarrow; Dr. Thibaud, Clermont; Mr. W. Whitehead, Manchester; Dr. Wybrants, Shepton Mallet; Dr. Jessop; Mr. Curtice; Mr. Elliott; Dr. Gayton, Homerton; Dr. Beebe, Chicago; Mr. S. F. Jessling, Biddulph Congleton; Dr. Rose, Chesterfield; Dr. Pemberton, Oldbury; Dr. Train; Mr. Davies; Mr. Venning; Dr. Wattle; Mr. R. Eynes; Dr. Grousain, Rambouillet; Dr. Sargent, Launceston; Louisa Stevenson, Edinburgh; Mr. Crighton, Mortlake; Mr. Blockey; Dr. Bridges; Mr. Robinson, Crewe; Mr. Denton; Dr. Davies, Aberdare; Mr. S. A. Fothergill, Wigton; Mr. Nixon, Preston; Mr. Duncan; Mr. Wyatt; Mr. Rogers; Mr. E. Woodley; Dr. de Renzy, Kingstown; Mr. Roche; Mr. Baines, Warwick; Mr. E. Wood, Weston; Mr. Hart, Ramsgate; Dr. Dick; Mr. T. Moir, Glasgow; Mr Leighton; Dr. Stark, Barrow-in-Furness; Dr. Baird, Lockerbie; Mr. P. Whewell; Mr. T. Grant; Mr. Bayley; Dr. Hood; Dr. Haughton; Dr. Wade, Birmingham; Dr. Short, Walsham-le-Willows; Mr. Forde; Mr. B. Stephens; Mr. Atkins, Bognor; Mr. Harris, Burnham; Mr. W. Bennett, Oldbury; Dr. Barber, Ulverstone; Mr. Davies, Eltham; General Practitioner; K.; Galen; W. H.; Surgeon; Junior Practitioner; Chemicus; R. C. Y.; M.D.; London Student; R. F.; Felix; A Medical Student; An Indian; L.S.A.; M.R.C.S.; Nos. 21 and 33; Ectropion; Prostate; W. C.; Omega; X. Y. Z.; London Undergraduate; A Qualified Practitioner; Medicus; Omega; J. W. M.; L.R.C.P.; M. R.; E. P.; D., Rothwell; J. W.; Two Eagles; An Anxious Mother; F. F. S.; Volens; &c. &c.

Tavistock Gazette, Solway Pilot, Wexford Independent, Tiverton Gazette, Cape's Tobacco Plant, Kentish Independent, Kidderminster Times, and *Jamaica Gazette* have been received.

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